

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
1	General	Will all the children who transfer from the current Adoption contractor to the Reintegration/FC contractor be paid at the full 100% case rate or will it be pro-rated based on their length of stay?	<p>Children in the Adoption Contract whose adoptions are not yet finalized as of 7/1/05 will be referred to the new Reintegration/Foster Care Contractor. Referral will be based on the SRS case county. Payment will be based on their length of stay in out of home placement and the payment structure in 5.2.2 in the Reintegration/Foster Care RFP (# 07481) and 5.4.2 in the Family Preservation RFP (# 07480).</p> <p>The child will be referred to the Reintegration/Foster Care Contractor serving the SRS county of origin unless there has been a change of venue.</p> <p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child's date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child's date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child's date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
2	General	What do scenario demonstrations practically mean?	Scenario demonstrations require that you come to the interviews prepared to conduct "on the spot" assessments, develop service plans and to demonstrate the way that you practice.
3	General	Will there be caps on family preservation?	It is anticipated that Family Preservation services under the contract will continue to be funded with regional allocations; however, CFS may consider other options based upon budgeting, funding and service considerations.

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4	General	Has any progress been made toward coverage of contractors by Tort Claims Act type protections in light of the increasingly difficult liability and insurance environment?	Claims arising from the provision of child welfare services pursuant to a contract with SRS or with a program that has contracted with SRS are not currently covered by the Kansas Tort Claims Act. SRS is not proposing amendment of the Tort Claims Act at this time.
5	General	Will Community Mental Health Centers be responsible to provide all needed services to youth in foster care/adoption? Currently rural centers do not offer the array of services needed to support very high need children. What is the State's plan to address this matter; when CMHC's cannot provide what the contractor feels is needed.	Any eligible provider of Medicaid services including private practitioners will have access to the medical card for all children needing mental health services. The CMHCs are required through regulation and contract to offer a core set of appropriate and needed mental health services to all persons. Additionally, the CMHCs are required to make available (either through direct provision or contract / affiliation) the full array of supports to SED children in accordance with an Individualized Treatment Plan (these specialized community based services are only provided by CMHCs) A Treatment Team, Medical Necessity, and the clinical judgment of a QMRP determines what services are needed. For further clarification refer to the CMHC licensing Regulations, Medicaid Provider Manuals, CMHC contract, etc.
6	General	Can you please verify the number of regions and which region corresponds to which number? The RFP on pg 25 states to check the region (1-5) but the map shows 6 regions named?	SRS has six Management Regions, there are five Contractor regions. Refer to addendum "Crosswalk to county and contract regions".
7	General	Can for profit providers bid on the RFP's?	Yes, providing they meet all the other requirements of the RFP.
8	General	How many children are represented in each contract?	Reference 4.7 Section XVII in the RFP.
9	General	In view of the significant changes incorporated in the RFP's, can the submission deadline be extended to allow for a more realistic time frame for preparation of bid proposals?	At this time the deadline is not being extended.
10	General	Can you please extend the August 6 deadline for proposals? We estimate needing an additional six weeks in order to produce the quantity and quality of fully-informed responses the Kansas child welfare system should have to consider.	The deadline is not being extended at this time.
11	General	The proposed contracts are innovative and complicated and represent a significant financial risk for contractors. Will SRS and DOA allow a second opportunity to submit written questions prior to the deadline for bid submission?	No.

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12	General	Will you please provide the current contractor monthly rates for each region? Do those rates include Medicaid expenses that will be billed separately in the new contracts? If yes, what data is available to bidders to estimate future Medicaid income from billable foster care and family preservation services?	<p>Child Welfare Community Based Services – SFY 2005 Rate Summary</p> <table><tr><th colspan="2"><u>Family Preservation</u></th><th><u>Case Rate/Family</u></th></tr><tr><td>Region 1</td><td></td><td>3,756</td></tr><tr><td>Region 2</td><td></td><td>3,909</td></tr><tr><td>Region 3</td><td></td><td>4,152</td></tr><tr><td>Region 4</td><td></td><td>4,500</td></tr><tr><td>Region 5</td><td></td><td>3,601</td></tr></table> <p><u>Foster Care</u></p> <table><tr><th></th><th><u>Monthly Rate/Child</u></th><th><u>Monthly Base Payment</u></th></tr><tr><td>Region 1</td><td>1,377</td><td>536,658</td></tr><tr><td>Region 2</td><td>1,436</td><td>609,215</td></tr><tr><td>Region 3</td><td>1,621</td><td>470,548</td></tr><tr><td>Region 4</td><td>1,271</td><td>951,588</td></tr><tr><td>Region 5</td><td>1,507</td><td>804,201</td></tr></table> <p><u>Adoption</u></p> <table><tr><th></th><th><u>Monthly Rate/Child</u></th><th><u>Monthly Base Payment</u></th></tr><tr><td>Statewide</td><td>0</td><td></td></tr></table> <p>The above rates include Medicaid expenses. The “Encounter Code Expenditures” table is attached. The new contractor monthly rate will not include Medicaid expenses which can be billed separately.</p>	<u>Family Preservation</u>		<u>Case Rate/Family</u>	Region 1		3,756	Region 2		3,909	Region 3		4,152	Region 4		4,500	Region 5		3,601		<u>Monthly Rate/Child</u>	<u>Monthly Base Payment</u>	Region 1	1,377	536,658	Region 2	1,436	609,215	Region 3	1,621	470,548	Region 4	1,271	951,588	Region 5	1,507	804,201		<u>Monthly Rate/Child</u>	<u>Monthly Base Payment</u>	Statewide	0	
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13	General	Section 6442 in the January 2004 Children & Family Services Policy & Procedure Manual covering Foster Care Services indicates that certain medical services and/or equipment not normally covered under the Medicaid menu of services is available for foster and adoptive children using procedure MS2501. Can you define all services and reimbursement rates that would qualify for this treatment?	Use of the MS 2501 should not be construed as overriding existing Medicaid procedures and processes for payment. Any medically necessary services not billable to the medical card would be evaluated on a case by case basis.																																										

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14	General	Section 6445 of the January 2004 CFS Policy & Procedure Manual covering Foster Care Services discusses Home and Community Based Service (HCBS) Waivers. Can you provide the numbers or percentages of Foster Care Children receiving waivers to access services under each of the following waivers HCBS/TA, HCBS/DD and HCBS/SED?	<p>Our reports reflect the following numbers of children in Foster Care who received waiver services at some point during SFY 04. These numbers include children in the Adoption contract prior to the Adoptive Placement Agreement being signed.</p> <p>HCBS/TA – none HCBS/DD – 233 HCBS/SED - 136</p> <p>Also, please remember the waiver funding does not cover room and board.</p>
15	General	Section 6570 of the January 2004 CFS Policy & Procedure Manual covering Foster Care Services discusses Mental Health Services, and refers to Appendix 6-C for a chart that shows the current payment responsibilities of the Contractors. It appears that this appendix is not available via the web site. Is it available by some other means?	<p>This chart will be obsolete for this RFP. The full array of Medicaid provider manuals is located at https://www.kmap-state-ks.us/</p>
16	General	The definition in Section 0714 (January 2004) CFS Policy & Procedure Manual covering General Information) of services covered by waivers indicates that Waivers are an exception to the Medicaid State Plan which provided services beyond the scope of services available to Medicaid consumers. It is intended to provide services to the consumer in their own home and community, the least restrictive environment, at a cost savings to the Medicaid program. Given the contractual requirement to bill Medicaid, will there be any additional waivers designed to cover the services provided to children served by the Family Preservation or Foster Care contracts?	<p>At this time no additional waivers are being pursued.</p>

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17	General	The descriptions of Targeted Case Management – Behavior Management in the SRS Handbook of Services (July 2000) indicated that targeted case management is billable during the first three months of a Family Preservation referral, and until permanency in Adoption, Foster Care Services and throughout custody in JJA. Is this still valid under the contracts? Are there any specific requirements that would relate to Family Preservation or Foster Care that are not included in the definition listed in the Handbook of Services? Is the billing unit a calendar month or a month of time starting on the date of referral? Is Targeted Case Management billable for Family Preservation in a month that a child may become an out of home placement? Are there any restrictions in billing Targeted Case Management as a child moves between the Family Preservation system and into the Foster Care system? The stated rate in the Family Preservation Encounter Data lists the reimbursement as a per month rate. Does the monthly rate differ for children in Foster Care, and if so, what is the rate?	Currently behavior management targeted case management is under review by the Centers for Medicare and Medicaid (CMS).
18	General	The Handbook of Services also indicates that Case Supervision is a covered service, but is not listed on the most recent Family Preservation services Reported in Encounter Data. Is Case Supervision a Medicaid billable service to either the Family Preservation or Foster Care contract? Are there other services listed in the Handbook of Services that could be billed directly to Medicaid but are not listed on the most recent Family Preservation Services Reported in Encounter Data?	Case supervision is not a billable Medicaid service.
19	General	Will the same guidelines covering existing Community Mental Health Center's provider qualifications regarding Qualified Mental Health Professional's (QMHPs) to bill Medicaid be extended to the Child Welfare Contractors providing Family Preservation, Reintegration/Foster Care Services and Adoption Services to Kansas children?	Contractors as a billing entity will not be allowed to bill direct services for any child assigned to their case load with the possible exception of behavior management targeted case management. That specific service is currently under review by CMS. A QMHP, by state definition, must be an employee of a CMHC.
20	General	What level of Physician involvement will be required to bill Medicaid Title XIX for Family Preservation and Foster Care services?	The question regarding the level of involvement of a physician for payment would vary based upon the service delivered. Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. That specific service is currently under review by CMS.

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21	General	Will certain Medicaid reimbursable services (identified in the July 2000 Encounter Definitions for Services Provided by Family Preservation Contractors) identified as being as provided only by Community Mental Health Centers (CMHCs) now be billable by the Child Welfare Contractors directly to Medicaid, or can only those Medicaid reimbursable services listed in the Family Preservation 1/1/04 Services Reported in Encounter Data be billed?	Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. The full array of Medicaid Provider Manuals is located at https://www.kmap-state-ks.us/
22	General	Will the Foster Care or Family Preservation case rate paid by the State encompass all those items identified in the SRS Handbook of Services as having Foster Care, Title IV-E or State General Funds if the child is not Title IV-E or Title XIX eligible as the funding source? There are certain services listed in the SRS Handbook of Services with the only funding source as State General Funds. Will the costs associated with providing those services be covered by the contractor and therefore need to be included in the State Case rate that will be paid to the contractors?	Yes. Yes. All non-Medicaid services would be the responsibility of the contractor.
23	General	Will those items in the SRS Handbook of Services as having Title XIX Medicaid as the funding source be billed directly by the contractor to Medicaid? For those services listing both Foster Care Title IV-E and Medicaid Title XIX as the funding source, which would be primary? Are there any other Federal direct billings other than Medicaid Title XIX that will be required from the contractors?	All non-Medicaid services would be the responsibility of the contractor. Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. Title XIX is the payer of last resort. No, there are no other federal direct billings.
24	General	Information provided at the pre-bid meetings indicated the technical proposal must be 50 pages, double-spaced, with 12 point font, and 25 pages of appendices, excluding job descriptions. Are there similar formatting instructions for the cost proposal?	No, there are no similar formatting instructions. See Section 5.1
25	General	The RFP asks for letters of intent from all potential subcontractors. Using the definition provided at the pre-bid meeting, this includes any service provider with whom a contractor has a written agreement. The number of potential service providers, and their letter of commitment, could easily consume the 25 page appendix limit. Is it possible to provide a list of subcontractors from whom we received letters of intent, and make those available at the interview, or upon request?	Letters of intent are excluded from the 25 page limitation for Appendices.
26	General	For clarification, does the technical proposal need to only stipulate that the contractor will adhere to the list of program assurances (4.13) and contract program requirements (4.13.4), or list each assurance and requirement separately, and agree to each individually?	The bidder must stipulate that they agree to carry out the requirements of this section of the RFP including each of the subsections.
27	General	Do you have a general date when contractors might be called to perform Scenario Demonstrations? Is there a limit to the number of people the contractor can have participating in the Scenario Demonstrations?	Tentatively it is set for the week of October 18, 2004. There is no limit to the number of people the contractor can bring to demonstrate the scenarios.

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28	General	Currently the adoption contractor does not license a family as a foster home once a family signs an adoption placement agreement. Will this practice continue to be allowed or should the bidder include the cost of staff needed to perform this function?	The current practice will continue.																																																
29	General	What is the total contract amount available?	At this time this hasn't been determined.																																																
30	General	What is the capitated rate for each service currently?	<div>Child Welfare Community Based Services – SFY 2005 Rate Summary</div> <table><tr><td colspan="2">Family Preservation</td><td>Case Rate/Family</td></tr><tr><td>Region 1</td><td></td><td>3,756</td></tr><tr><td>Region 2</td><td></td><td>3,909</td></tr><tr><td>Region 3</td><td></td><td>4,152</td></tr><tr><td>Region 4</td><td></td><td>4,500</td></tr><tr><td>Region 5</td><td></td><td>3,601</td></tr><tr><td colspan="3">Foster Care</td></tr><tr><td></td><td>Monthly Rate/Child</td><td>Monthly Base Payment</td></tr><tr><td>Region 1</td><td>1,377</td><td>536,658</td></tr><tr><td>Region 2</td><td>1,436</td><td>609,215</td></tr><tr><td>Region 3</td><td>1,621</td><td>470,548</td></tr><tr><td>Region 4</td><td>1,271</td><td>951,588</td></tr><tr><td>Region 5</td><td>1,507</td><td>804,201</td></tr><tr><td colspan="3">Adoption</td></tr><tr><td></td><td>Monthly Rate/Child</td><td>Monthly Base Payment</td></tr><tr><td>Statewide</td><td>1,252</td><td>988,201</td></tr></table>	Family Preservation		Case Rate/Family	Region 1		3,756	Region 2		3,909	Region 3		4,152	Region 4		4,500	Region 5		3,601	Foster Care				Monthly Rate/Child	Monthly Base Payment	Region 1	1,377	536,658	Region 2	1,436	609,215	Region 3	1,621	470,548	Region 4	1,271	951,588	Region 5	1,507	804,201	Adoption				Monthly Rate/Child	Monthly Base Payment	Statewide	1,252	988,201
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31	General	Current budget for FY 2003/2004 and 04/05?	<div>Child Welfare Community Based Services Expenditures SFY 2004 Estimated Actuals & SFY 2005 Approved</div> <table><tr><td></td><td>SFY 2004 Estimated Actuals</td><td>SFY 2005 Approved Budget</td></tr><tr><td>Family Pres Contracts</td><td>10,224,285</td><td>11,364,083</td></tr><tr><td>Foster Care Contracts</td><td>90,861,130</td><td>92,152,369</td></tr><tr><td>Adoption Contract</td><td>32,559,791</td><td>34,931,146</td></tr></table>		SFY 2004 Estimated Actuals	SFY 2005 Approved Budget	Family Pres Contracts	10,224,285	11,364,083	Foster Care Contracts	90,861,130	92,152,369	Adoption Contract	32,559,791	34,931,146																																				
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32	General	Will Family Preservation and Foster Care receive the same capitated rate per child?	No, that is not the intent. Rates will be determined during the negotiation process.																																																

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33	General	Will we inherit the current LOS and that will determine the rate by child on day one, or on day one all children begin at day 1 according to tiered payment system?	Yes, they will start at the Tier based on the child's length of stay in out of home placement.
34	General	Will we be responsible to inherit current leases?	This is outside the scope of the RFP.
35	General	Why is the Title IV draw down so low in comparison to the number of children in care?	The amount drawn down from the Federal Government is based on the number of children who are Title IV-E eligible combined with the Title IV-E services provided. This is why it is important for the State to find as many children eligible for Title IV-E as possible.
36	General	Number of children in care, by program (Family Preservation vs. Foster Care), by region?	See Vendor file 4.7 on the Department of Administration's website.
37	General	Can a "for profit" entity apply for the RFP?	Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
38	General	Are out of state providers eligible to bid?	Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
39	General	Please confirm for me that a for profit CAN be eligible for the award of the RFP as long as they meet all eligible criteria? Also, can out of state providers apply and is there any special consideration for current providers over new providers entering Kansas?	Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
40	General	What is the difference between "achievement of case plan goal" and "permanency"?	The case plan goal has been achieved when any one of the following events occurs: reintegration, adoption finalization, permanent guardianship, or OPPLA. Permanency occurs when a child has achieved their case plan goal and is released from custody.

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41	General	How does the RFP define “interactions” vs “visits”?	In this RFP, interactions and visits are used interchangeably. Interactions are an ongoing natural set of contacts that occur between children and their families. Interactions will occur at a minimum, once a week. An example of interactions could be eating meals together, parent(s) and child(ren) attending ball games and church together, attending school activities together, or taking the child to the therapist or doctor.
42	Data	By county of origin during the last 12 months, how many different <u>children</u> being serviced by family preservation entered out of home care? Also by county of origin, how many families did these children represent?	FY 2004 Family Preservation, Foster Care and Adoption reports for each SRS area office have been added to the Vendor File, RFP, Section 4.7, paper copy at CFS, as follows: # 10: FY 2004 Family Preservation Reports # 11: FY 2004 Foster Care Reports # 12: Adoption Reports
43	1.4	Are the specific formatting instructions for the length and spacing of the technical and cost proposals, i.e. only 25 pages, spaced?	Yes, the Vendor’s Technical Proposal must be single -spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions and letters of intent. All pages (including Appendix) must be numbered center bottom.
44	1.14	Vendors are not covered currently under the Kansas Tort Claims Act—will exemptions be proposed to the Legislature to extend the Act’s protections to the Contractors?	Claims arising from the provision of child welfare services pursuant to a contract with SRS or with a program that has contracted with SRS are not currently covered by the Kansas Tort Claims Act. SRS is not proposing amendment of the Tort Claims Act at this time.
45	2.1.2	Is there a page limit (excluding attachments) for the technical proposal?	Yes, the Vendor’s Technical Proposal must be single-spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions and letters of intent. All pages (including Appendix) must be numbered center bottom.
46	2.2	Please clarify what is meant by “including literature and other supporting documents”. Does this mean hard copies of literature referenced in the proposal or a reference page? Are forms considered supporting documents? Is there any limitation on number of pages to be submitted as supporting documents?	Hard copies are not needed, a citation in the text is sufficient. Forms are not needed. All information submitted must meet the page limitation requirement.
47	2.2	Page 7, Section 2.2 requires 30 copies of the Cost Proposal. Page 27, Section 5.1.2 requires copies of audited financial statements with management letters for the previous two years. Our agency’s audits are lengthy, bound documents. Do you want 30 copies of audits from each of the previous two years for every proposal submitted?	Yes.

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48	2.8	Section 2.8 of the RFP includes a requirement saying that only the State is authorized to issue news releases concerning “performance of the contract.” Is this prohibition intended to terminate after the announcement of the contract award is made, or is it intended to extend longer than that?	The State is concerned with news releases only through contract award.
49	3.1	What criteria will be used to determine whether a 2-year renewal option is activated?	Performance and financial stability will be considered.
50	3.9	If Medicaid is excluded from future contracts, what are the specific issues relating to Ownership that are relevant for the development of the Technical Proposal?	The state retains ownership of all data.
51	3.13	What is the definition of “recipients” in this context?	“Recipients” means SRS. This refers to the contractor/agency relationship.
52	3.16	Hold Harmless – The language in this section seems to indicate the contractor is responsible for injuries, deaths, losses, damages, or copyright infringements caused by the act or failure to act by State employees, other State contractors and their employees, and subcontractors and their employees. Please clarify the Contractor’s liability in reference to the performance of these contracts.	This is revised to include the phrase “as a result of contractor negligence”.
53	3.31	Does the conviction for a criminal or civil offense disclosure standard apply solely to employees or to Subcontractors and consultants as well?	The intent is to include anyone who will perform work under this contract.
54	4	Which areas of Section IV in the Foster Care and Family Preservation RFP’s require responses specific to that area? Many of them, 4.5.1 and 4.5.2 for example, read as if they are to be incorporated in the total proposal but not responded to as a specific item.	The bidder must stipulate that they agree to carry out the requirements of this section of the RFP including each of the subsections.
55	4	Do the affidavits of insurance required under section 4.11 need to be submitted with the Technical Proposal or provided to the Division of Purchases at a later date?	These do not need to be submitted with the Technical Proposal. These affidavits shall be provided by the successful vendors to the Division of Purchases before the final contract is signed.
56	4.1 (1) (i)	Page 18, Section 4.1 (1) (i) How much would payments be reduced? Would the state attempt to recuperate the full loss of the federal match from the contractor?	Payments would be reduced by the amount of federal money lost or reduced. The state may attempt to recoup the full loss of the federal match from the contractor if the loss resulted from negligent performance by the contractor.
57	4.1 (a)	Define subcontractor - e.g. contract therapist not linked to a mental health center? Does subcontractor mean those individuals or entities where there is or will be a formal contractual relationship? (Offer, acceptance and payment to the individual for service?)	For purposes of notifying SRS/CFS in writing, a subcontractor is any entity, agency or individual with whom the vendor has a written agreement to fulfill any obligation under the contract. 4.32 is modified to replace “on a continual basis” with “on request”.

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58	4.3	Does the definition of “subcontractor” include agencies from whom a contractor may purchase specific services, i.e. foster home placement, respite care, etc., on an as needed basis for a child?	For purposes of notifying SRS/CFS in writing, a subcontractor is any entity, agency or individual with whom the vendor has a written agreement to fulfill any obligation under the contract. 4.32 is modified to replace “on a continual basis” with “on request”.
59	4.4.2	Page 19, Section 4.4.2 What resumes, specifically, are wanted here? Just administration? Supervisors of line staff?	Senior management staff.
60	4.4.2	Are resumes treated like job descriptions and excluded from the 50-page limit of the technical proposal and excluded from the 25-page limit of the appendix?	Resumes are treated like job descriptions and excluded from the 50 – page limit.
61	4.4.3	Can you please list the state and federal laws and regulations applicable to services delivered and professional activities referred to in this section?	Reference 4.7 vendor file information.
62	4.4.3	This section alludes to needing to be a managed care entity. Do the contractors need to comply with the rules of Managed Care to do services under this contract?	There will be managed care regulations that the contractor will need to follow. The State is awaiting further direction from CMS.
63	4.4.3	On page 17, under 4.4.3 the RFP states that Family Preservation contractors will collect Medicaid payments for services rendered. Section 5810 of the January 2004 CFS Policy & Procedures Manual for Family Preservation Services indicates the children’s medical cards will be locked to prevent billing of mental health services by any provider. Will the medical card be opened for expenses previously locked in FPS, or will the costs of those services need to continue to be incorporated into the State’s case rate? When our agency bills Medicaid, can we expect to be paid the full Medicaid rate, including the state match, or just the federal portion?	The medical card will be available for all children for mental health services following Medicaid guidelines. Level V and Level VI facilities are the mental health provider while the youth is a resident in the facility. The full Medicaid rate will be paid to qualified Medicaid providers when the program and eligibility requirements are met.
64	4.4.3	This section alludes to needing to be a managed care entity. Are the contractors required to comply with the rules of Managed Care to provide services under this contract?	There will be managed care regulations that the contractor will need to follow. The State is awaiting further direction from CMS.
65	4.4.3	Will the contractor be required to report third party liability information to SRS?	The contractor is encouraged to notify SRS if new third party liability information becomes available to them.
66	4.4.4	On page 17 under 4.4.4 the RFP describes Vendor Qualifications, including the requirement for accreditation. This section cites accreditation by the Council on Accreditation (COA) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, on page 22 under 4.13.4 p), the RFP cites a third option, the Commission on Accreditation of Rehabilitation Facilities (CARF). Please clarify that CARF is an acceptable accrediting body in terms of the requirements of the FPS and Foster Care/Reintegration contracts.	Section 4.13.4p in the Family Preservation and Reintegration/Foster Care RFPs should state “must be accredited with Council on Accreditation or Joint Commission on Accredited Health Care Organizations or a plan to achieve within two years within contract award”.

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#	RFP Section	Question	Response
67	4.5.2	Scenario demonstrations and the scenario demonstration process are referenced in several places throughout the RFP. Will the demonstrations be done pre or post contract award? What is expected from the vendors in this process and what will the demonstrations include besides written documentation?	The scenarios will be an aspect of the selection process. Each bidder may be invited to an interview where they will be asked to describe in person how they have moved the agency toward family centered practice, conduct an assessment, develop a service plan, etc.
68	4.5.2	For planning purposes, is there a target date for Scenario Demonstrations for the vendors who successfully respond to required response elements in the scope of work?	Tentatively it is set for the week of October 18, 2004
69	4.7	Could bidders have access to the current Family Preservation RFP and contracts?	Yes, The following items have been added to the Vendor File at CFS: Item #8: Family Preservation RFP #00570 Item #9: Family Preservation Contracts from RFP #00570
70	4.7	What is the procedure to access the electronic vendor file at the Division of Purchase's web site?	<ol style="list-style-type: none"> 1. At the Bid Solicitation List, select the appropriate Child Welfare RFP. 2. Save the RFP to Desktop if you are not able to open the document in order to view. 3. At the bottom of Page 1, "Request for Proposal (RFP)", (there may be addendum sheets in front of Page 1) and select the vendor information file you would like to view. 4. At the File Download prompt, select "Save". 5. When download is complete, select "Open". 6. At the Winzip prompt, select "I Agree". 7. Select the vendor information you would like to review from the file menu.
71	4.7 Section XVII	Is there a more detailed definition as to the connectivity regarding data input/file sharing between the contractor and SRS?	Yes. Technical detail is provided in "Connectivity and Network Considerations", which is attached.
72	4.7 Section XVII	Are there current standards available with the upgrades?	SRS does have current standards for software and connectivity. These standards are detailed in "Connectivity and Network Considerations", which is attached. The vendor must maintain hardware compatibility and software release synchronization with SRS.
73	4.7 Section XVII	Is it possible to have access to the SRS system via a secure log in for the contractor into SRS GroupWise without having to operate GroupWise and our own exchange server?	Yes, it is possible. SRS can create an e-mail account on our GroupWise server for each user.
74	4.7 Section XVII	Is it possible to have access to the SRS system for file sharing through a secure website without requiring access through GroupWise or a fixed IP assignment?	Access to FACTS mainframe and KIDS risk assessment application requires a fixed IP address. We are exploring technical solutions to facilitate the requirements of 6.18.C start up dataset, and one of the possible options to transmit case start up information is to use a secure site where contractors retrieve client level datasets to import/load into their system.

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#	RFP Section	Question	Response
75	4.7 Section XVII	Is Symantec Anti-virus an alternative to McAfee?	No, Symantec is not an alternative. McAfee is required.
76	4.9	Does the experience requirement of three years refer to the length of existence of the bidding entity or the number of years of experience of the management and administrative personnel of that entity?	The length of existence of the bidding entity.
77	4.12.2	Does this requirement relate to non direct service professional staff such as Quality Assurance, Communications, IT, etc? Is there any equivalency allowance for experience in the field?	No, this requirement does not relate to non-direct professional staff such as quality assurance, communications, IT, etc. No, there is no equivalency allowance for experience in the field.
78	4.12.2	This subsection states that “every staff member in a professional position including case managers and social worker must have a minimum of a Bachelor’s degree from an accredited university, in the field of social and human services.” What areas of study are included under the term “human services”?	In the RFP Section 4.12.2 replace the “and” with “or” so it now reads . . . “social or human services and would include any of the following: Social Workers, Marriage & Family Therapists, Professional Counselors, Masters Level Psychologists”, Psychologists (Ph.D.)”
79	4.12.2	What is the definition of a professional position in this context?	In this context we are referencing direct service case managers and supervisors. Vendors and their staff must be in compliance with all statutory or regulatory requirements.
80	4.12.5	Is it permissible to substitute education beyond the minimum requirement for the required two years of experience, e.g. may an individual with 60 or more documented college credit hours in a related field, but no work experience, serve as a Family Support Worker?	Yes. It's the contractor's discretion to determine two years experience that would be relevant to the children and family services field, i.e, education or life experience.
81	4.12.5	On page 21 under 4.12.5 the RFP states that “All family support workers must have....two years experience in the children and family services field.” Due to difficulty finding qualified staff, SRS amended the FPS contracts beginning in FY02 to allow newly hired support workers and family specialists (case managers/social workers) to have only one year of experience in “professional social service delivery.” Direct service staff members with only one year of experience are currently required to complete 24 hours of documented family based service training within their first three months on the job. Often the KISSED curriculum has been used to fulfill this requirement. Can this exception be included in the new contracts for support workers? Do the new contracts have any experience requirement for case managers/social workers?	No, two years of experience is required; however it is the contractors discretion to determine the two years experience that would be relevant to the children and family services field, i.e. education or life experience. No, there is no experience requirement for case managers defined in this RFP.
82	4.12.8	It discusses that contractors are required to participate in collaborative training coordinated by SRS. In section 4.13.4 y- It discusses participation in KISSED <i>Question: Are all social service staff required to attend all components? Or, are just newly hired staff to attend all components?</i>	Yes, all child welfare workers are required to attend KISSED Domain One to Domain Seven. On occasion, all child welfare staff will be required to attend Domain Eight, Special Topics, i.e. ICPC. When this is the case, the contractors will be informed in advance of he Domain Eight training in order for them to make arrangements for people to attend.

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#	RFP Section	Question	Response
83	4.12.8	In order to be able to propose adequate case coverage, can an estimate be given of the number of hours of training in which contractor staff will be asked to participate?	The entire KISSED domains, currently Domain One to Domain Seven, total 64.25 CEU hours to be completed in approximately 18 months. On occasion, a Domain Eight topic may be required which will be an additional 5.5 to 11.0 CEU's hours per six month period.
84	4.13	Program Assurances – Does the bidder need to specifically state that the agency will adhere to each of these assurances within the written technical proposal, or simply state that the agency agrees to adhere to the terms of this RFP section?	The agency needs to agree to the terms of each assurance within a written technical proposal.
85	4.13.4	Contract and Program Requirements for all Contractors - Does the bidder need to specifically state that the agency will adhere to each of these requirements within the written technical proposal, or simply state that the agency agrees to adhere to the terms of this RFP section?	The agency needs to agree to the terms of each assurance within a written technical proposal.
86	4.13.4 (I)	Client records – For clarification, are contractors expected to maintain copies of case records for six years after the contractor's case is closed and the child is 20 years of age?	Yes, these are HIPAA requirements. If the contractors retain a copy of the file after they send the original to SRS, they are required to retain the file for six years per HIPAA requirements.
87	4.13.4 (x)	"Contractor shall maintain an annual photograph of the child in the case file." Will this apply only if a child/children are removed from the home, or will family preservation maintain a photograph of the family in their file?	No, this requirement is only for children in out of home placement.
88	4.14 (b)	This section states "Refer the child and family to the Reintegration Foster Care Contractor at the time the child is placed in SRS custody, the court has ordered out of home placement, and the child was not "served by" the Family Preservation Contractor within the previous 12 months." Was this intended to say, "referred to" the Family Preservation Contractor rather than "served by"? For example, Family Preservation could complete its aftercare period and the child is removed the following month. The Family Preservation contractor would still have "served" the family in the last 12 months, but the family would not have been "referred" in the previous 12 months.	Change "served by" to "referred to".
89	4.14 (s)	Since adoption by foster parents prevents a child from making another move, is there any plan to increase subsidy to encourage foster parents to adopt who did not become foster parents with the plan to adopt and therefore have not planned for the full time financial responsibility of a child but would gladly adopt if they could continue to receive a payment similar to their foster care payment?	No. Currently there is no approved plan to increase subsidy.

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#	RFP Section	Question	Response
90	4.15	Pages 24 and 29 regarding Transition. The Family Preservation RFP indicates that existing FP cases will not be transferred to the new contractor per Section 5.3. If this is the case then why does Section 4.15 e & f regarding contract transitions exist?	Family Preservation will not be transferring cases.
91	4.15	Contract Transition - Does the bidder need to specifically state how, as a receiving contractor or relinquishing contractor, the agency will adhere to these transition requirements, within the text of the technical proposal?	No cases will be transferred to or from the Family Preservation Contractor at transition.
92	4.15 (c)	If a new Contractor is selected, who will be responsible for aftercare services for children adopted before 07/01/05?	Does not apply to the Family Preservation Contract; however, the current Adoption Contractor will be required to provide 12 months of after care services to children whose adoptions were finalized prior to 7/1/05.
93	4.15 (c)	"Provide aftercare services to all families/children eligible as of date of termination of contract." If a family is referred to the Family Preservations Services contractor in March 2005 and a child is removed in July 2005, who will become the case managing entity? Will Family Preservation Services or would the child/family become a new case for the Reintegration/Foster Care contractor?	Section 4.15.c should read: No current Family Preservation referrals as of 6/30/05 would transfer to the new contractor. If a child comes out of home on or after 7/1/05 it would be a new referral to the Reintegration/Foster Care Contractor.
94	4.16	Proposal Response Clarification – Additional clarification is needed on the specific responses needed in the technical proposal. Beginning with Section V1, only those items beginning with the letter "R" require a response, correct?	Yes. The technical proposal should include responses to "R" but is not limited to those responses.
95	4.16.2	Should proposed elements of scenario demonstrations be addressed in the Technical Proposal or will that involve a later and separate process?	Bidders will not be able to prepare them as in many instances you may have to demonstrate the scenarios "live" during your interview with the selection committee.
96	4.16.2	This section states, "a complete Technical Proposal will include thorough responses to each response request beginning with the letter "R". Should the technical proposal only address the "R" response questions? If not, what, if any, are the limitations on the technical proposal narrative?	Technical proposal should include responses to "R" but is not limited to those responses. The Vendor's Technical Proposal must be single -spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions. All pages (including Appendix) must be numbered center bottom.
97	4.16.3	Should all services and facilities must provide reasonable accommodations to families and children with disabilities?	Yes, all services and facilities must provide reasonable accommodations to families and children with disabilities.
98	5	Is it expected that there be 2 different case rates for the Family Preservation bids; one for the first 90 days when families are together and then a different rate if children come out of the home?	Yes, two rates as defined in 5.3.1 and 5.4.2. The Family Preservation payment while paid over a period of 90 days covers 12 months of services per 5.3.2 unless meeting one of the exceptions in 5.3.4.

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#	RFP Section	Question	Response
99	5	Can you please explain the difference between a region and a catchment area in terms of bidding and service delivery? The cost proposal page (page 26) solicits bids from five regions, but page 34 (6.2A) refers to “soliciting proposals for each regional area” and goes on to name six areas. Are we bidding five or six regions?	SRS has six Management Regions, there are five Contractor regions. Refer to “County to Regions FY 2006”, which is attached.
100	5.1	Cost Proposal – What mechanism will exist to renegotiate rates during the four year period if the State must significantly change requirements for contractor performance? For example, the State makes significant changes to technology and reporting requirements, Performance Improvement Plans or CFSR expectations result in programmatic changes, etc.?	Based upon information provided by contractor and the state’s estimated impact on the contractors, SRS will, in good faith, consider renegotiation of the rates or a one time reimbursement to cover these costs.
101	5.1.3	Should Medicaid rates be used in calculating average cost per child in the Assumption Table since Medicaid services will be removed from future contracts?	Medicaid rates are a benchmark (guideline) for this population. Bidders are free to make their own assumptions using rates that they feel are appropriate and these assumptions need to be outlined in their submission.
102	5.1.3	Are the numbers and percentages requested in this section to be monthly averages over the entire 4-year contract, or are 4 separate charts representing each year requested?	A separate chart is required for each year.

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#	RFP Section	Question	Response
103	5.1.3	Please define “children’s residential for children on the MR/DD waiver”; does this mean facilities that are designated for MR/DD populations only? What placements fit in Therapeutic foster care level 5 Residential facilities? Where should Emergency shelter placements be included?	<p>Children’s Residential Services provide direct assistance to persons in order to meet their daily living situation and serve to maintain or increase adaptive capabilities, independence, integration, and participating in the community. Children’s Residential Services for children from birth to 22 years of age shall be provided outside the family in a home which:</p> <ol style="list-style-type: none"> 1. Is licensed by KDHE as a family foster home, meets all state or SRS/CFS requirements, or is another residential setting that is approved by SRS/HCP, 2. Serves no more than two children unrelated to the family foster care provider, and 3. Is located in or near the child’s home community and school so the child remains in contact with the natural family, if appropriate, and maintains established community connections such as, but not limited to: the child’s school and teachers, friends and neighbors, community activities, church and health care professionals. <p>These foster homes are not limited to serving only children receiving children’s residential services through the MR/DD waiver.</p> <p>The chart in Section 5.1.3 from the RFP has been deleted and it is replaced with Section 5.1.3 on the attached document.</p>
104	5.1.4 & 5.1.6	Is the Medicaid revenue line item to include only the direct billings to Medicaid by the contractor? Or, is it intended for the bidder to determine the percent of the total contract revenue attributed to Medicaid?	This line is for revenue received by the contractor for direct billings to Medicaid.
105	5.1.4 (e)	What is the State’s definition of Adoptive finalization. Will the contractor have equal access to families statewide?	Adoption finalization is the point at which the court grants legal custody to the adoptive parent(s). Yes, contractors will have equal access to families statewide.
106	5.1.7	Will Contractors be required to maintain separate checking and payments systems to track contractual and non-contractual costs? What is the rationale for requiring services purchased by Contractor from Contractor operated units and/or cost center to be tracked separately and the amount charged to the contract to not exceed the lesser of costs or charges?	<p>While separate checking accounts and payment systems are not required, the ability to readily isolate costs and revenues applicable to the contract is required.</p> <p>The rationale is to prevent excessive profit margins being built into services provided by divisions within the contractor.</p>

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#	RFP Section	Question	Response
107	5.2	With the increase in program requirements, administrative expenses, substantially increased level of financial risk in both payments structure and the liability for services rejected for Medicaid payment, is the state increasing the funding available for the contracts? Was there an assumption during RFP development that this model would cost the same as the current system? Would SRS accept alternative financing proposals from the applicant aimed at ensuring financial viability for the state and contractors?	There are no increases anticipated. The goal is to be budget neutral. Alternative proposals can be submitted in addition to addressing the RFP requirements.
108	5.2	Previously, when there was not a fixed rate in the system, there was an out-of-case rate for children with high needs. High need children in foster home placement with wrap around services can have care needs that are equal to or greater than children in higher levels of care. What adjustment has been made to address this practice reality? Is there an opportunity for an out-of-case rate for these children?	Many of the expenses incurred for these children will be covered by fee for service through Medicaid. There will be no out of case rate.
109	5.2	How will children currently in the adoption contract be transitioned? Would SRS consider restarting the tier structure over? There are children in the system that have been in the system for a significant period of time. These children were identified in a collaborative team with KCSL and SRS along with other community partners as "Children in Need of Some other Service" CINOSOS. These children come into the system with an ICD-9 diagnosis and statistically speaking, they have a very low probability of being adopted. They require a high level of resources. Is the foster care reintegration provider going to be responsible for case managing these children at 29% of their normal case rate? Could an out-of-case rate be established for these children?	<p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child's date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child's date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child's date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
110	5.2	Does the statement that "All payments will be made in accordance with the contract." eliminate any opportunity to renegotiate payments in the future due to unforeseen circumstances, incorrect assumptions in developing cost proposals and/or financial hardship?	No, this statement means there will be no payments other than the established rates, i.e. no advances or loans.

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#	RFP Section	Question	Response
111	5.2	Previously in the reintegration and adoption contract, the totally variable rate had some devastating effects on the stability of the system and financial viability of the contracting agencies. The contractors are facing an untested financial structure and model of best practice. Given that lack of predictability, what safeguards will the state put in place to assure stability in the system and financial viability of the contractors accepting these new risks?	While there are no specific safeguards, this model of practice is based on history of program data.
112	5.2	Will the monthly payments be made during the month of service as in the current contracts? I.e. Will the first payment under the new contract be made on 7/10/05 and 7/20/05, based upon the roster as of 7/01/05?	Yes, payments are made prospectively except for the month of referral which is paid the following month.
113	5.2 - 5.4.2	How was the tiered pricing determined for foster care reintegration and adoption? The amount of reductions in each tier is substantial, thereby leaving the contractors trying to cover the cost of the children with the most need and expense at the lowest rate – 29%. This would also mean if the rate were not restarted at the time the child has the parental rights terminated, all adoption work would be done at a 29% of the case rate. Children moving to adoption process are not less expensive than children in foster care. What is the logic behind this rate structure?	SRS reviewed historic costs and length of stay and devised a rationale to incentivize contractors to move children home as rapidly as possible. Costs applicable to children from the time the adoption placement agreement is signed to finalization of adoption are significantly less than prior to the signing of the adoption agreement due to adoption subsidy and no out of home placement costs.
114	5.2 - 5.4.2	There are aspects of the adoption process that are beyond the control of the Foster Care/Family Preservation contractor, but that could have a significant financial impact. As an example, lack of resource families in a region, adoptive children placed out the contractor's region, delay in establishing subsidy payments for the adoptive family or judicial delays. What guarantees will be put in place to ensure that the children are not delayed in the adoption system? This is crucial as the current payment proposal reflects serving the children in the adoption process at 29% of a case rate.	The expectation is that all components of the system will work together toward the timely permanency of children.
115	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: What contracting agency will be responsible for case management services for children currently receiving services from the adoption contractor, whose adoption has not been finalized by 7-1-05?	Case management services for the child will transition to the new Reintegration/Foster Care Contractor.

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#	RFP Section	Question	Response
116	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: Will they be referred to the Reintegration Foster Care contractor responsible for the county of origin of the child's SRS case? If so, how will payment be managed?	<p>The child will be referred to the Reintegration/Foster Care Contractor serving the SRS county of origin unless there has been a change of venue.</p> <p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child's date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child's date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child's date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
117	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: Who provides after care services for children in the adoption process prior to 7-01-05?	For cases finalized prior to July 1, 2005, aftercare services will be provided by the current Adoption Contractor.
118	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: If a child is in an adoptive placement but the adoption has not been finalized by 7-01-05 and there is a disruption which contracting agency is responsible for case management of the child? Who is responsible for services to the family?	Cases not finalized prior to July 1, 2005 will be transferred to the Reintegration/Foster Care Contractor. It will also be the Reintegration/Foster Care Contractor's responsibility to provide services to the family.
119	5.2.1 Medicaid Related Questions	The program requirements, administration and risk are substantially higher given the additional and new contract requirements. Has SRS projected the additional cost associated with these requirements and made provisions for them in the financing formula? If not, would you provide an explanation regarding why the levels of risk and service requirements have been increased without consideration for increased costs	The goal is budget neutrality. The potential level of risk from this RFP is recognized by the accelerated rate structure.

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#	RFP Section	Question	Response
120	5.2.1 Medicaid Related Questions	Will the contractor be held harmless for repayments in any Medicaid audits for the Medicaid services that are provided?	The provider billing the service for Medicaid reimbursement will be the accountable party.
121	5.2.1 Medicaid Related Questions	Will the contractor be required to prove medical necessity for Medicaid eligible and non-Medicaid eligible services? How would court ordered services impact this requirement?	For each Medicaid billable service that is provided, documentation of medical necessity must be provided for future audit purposes. This is not a change from current federal guidelines. Non-Medicaid eligible services may also require documentation of Medical Necessity. Court ordered services are not exempt from this requirement.
122	5.2.1 Medicaid Related Questions	Are there any changes required for targeted case management to meet Medicaid requirements?	For each medically necessary service that is provided, documentation must be provided for future audit purposes. This is not a change from current federal guidelines. The awarded contractor will be informed of any Medicaid change through a contract amendment.
123	5.2.1 Medicaid Related Questions	Will contractors know whether or not Level V will be covered by the Medical card prior to submission of the proposals?	Level V is a Medicaid funded service. The Level V facility is the mental health service provider while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
124	5.2.1 Medicaid Related Questions	Will contractors know what classification Level VI will fall under (i.e. inpatient hospital or residential care) prior to submission of the proposals?	Level VI facilities are classified as an Institution of Mental Disease (IMD) and fall under inpatient hospital.
125	5.2.1 Medicaid Related Questions	When will the contractors know what the Medicaid criteria for: category of care rules, funding stream accessibility, and inclusion/exclusion of various levels that we will be operating under for this RFP? What is the risk and responsibility of the contractor if the Medicaid criteria change between submission and award? How will this be negotiated?	The Medicaid criteria is available on the Kansas Medical Assistance Program website: https://www.kmap-state-ks.us/ . The awarded contractor will be informed of any Medicaid change through a contract amendment.
126	5.2.1 Medicaid Related Questions	Since Level VI is covered by the medical card, if a child re-enters the system within the 12 months of after care, will the contractor be able to utilize the medical card for the Level VI services? Are there any limitations on the number of initial and/or extension screens that a child may have within a specific time period? If so, what are they?	A Medicaid reimbursable maximum length of stay in a Level VI facility can be no longer than six months. The 90 day length of stay approval is currently the maximum amount of time a stay may be approved for. A re-screen may be requested prior to the 90 days if the team needs a reevaluation. We are reviewing the effectiveness of the 90 day time limit and a six month continuous stay versus a six months a year.

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#	RFP Section	Question	Response
127	5.2.2	The Cost Proposal cover sheet indicates the monthly base rate per child for each of the 4 years of the contract. Does this monthly base rate for each particular year apply to all payments <u>made</u> in that year, or do they apply to all children <u>referred</u> in that year. For example, if a child is referred in May, 2006, will the payments for that child be at the 1st year base rate for May and June, 2006 and then change to the 2nd year base rate for all subsequent payments? Or will all payments for that child be at the 1st year base rate?	Rates are based on the period for which they are due. The first scenario presented is correct. The payment amount would change July 2006.
128	5.3	1) If a Family Preservation child under the old contract goes into out-of-home care after 07/01/05 and the Family Preservation Contractor has changed, who will be responsible for case management—the original Family Preservation Contractor, the new Family Preservation Contractor or the Foster Care Contractor? 2) If a family is referred to Family Preservation on 06/29/05 and the Contractor changes on 07/01/05, will payment be continued under the old contract or begun in the new contract?	1) Referral will be made to the Reintegration/Foster Care Contractor will be responsible for case management. 2) The Family Preservation Contractor will continue serving the family prior to July 1, 2005 will continue to serve the family and will be paid pursuant to the terms of the contract (RFP #00570)..
129	5.3	Does section mean that the State continues to pay the existing contractor according to the old schedule?	Yes, the state will continue to pay the existing contractor according to the old schedule.
130	5.3.2	If a case began prior to 07/01/05 and the Contractor changes on that date, does this mean that no payment will be made for a child re-referred after 07/01/05 for a new out-of-home placement within the 12-month service period or will payment be made in accordance with 5.4.2?	Family Preservation cases will not be transitioned. Reintegration/Foster Care referrals beginning 7/1/05 will be made to the new contractor.
131	5.3.4 (2)(3)	What is considered out of home placement (reintegration services) by the State: When a child is put in SRS custody and placed by a Judge in out of home placement? Or when the child no longer resides with the referred case head?	Out of home placement is defined as a child being placed in SRS custody for out of home placement per order of the court.
132	5.4	Reintegration Services – For clarification, children involved in Family Preservation services with the current contractor, prior to July 1, 2005, will remain with that contractor for direct services and required aftercare periods if they fall after July 1, 2005. If those children are placed in SRS custody for the purposes of out of home placement within 12 months of referral to Family Preservation, and the out of home placement is needed after July 1, 2005, they will be referred to the new Reintegration/Foster Care contractor?	Yes they will be referred to the Reintegration/Foster Care Contractor.
133	5.4.1	What are the specific services that may be billed directly to Medicaid, e.g. does this include Therapeutic Foster Care, Level 5 Residential, Case Management, In-home Family Treatment, Attendant Care and Respite Care?	All Medicaid services, with the possible exception of TCM, will be billable to the medical card. The full array of Medicaid Provider Manuals is located at https://www.kmap-state-ks.us/ .

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#	RFP Section	Question	Response
134	5.4.1 (b)	Does this mean that a provider of any service contained in the Waiver program can bill Medicaid directly, if they are an approved provider of Medicaid services, without approval from a community mental health center?	5.4.1(b) applies to all HCBS Waivers. Specifically, HCBS SED Waiver services can only be billed to Medicaid by a CMHC with prior authorization from SRS – Division of Health Care Policy Children’s Mental Health.
135	5.4.1 (c)	Regarding “the contractor being responsible for all educational costs”, please define “all education costs.” What does it include and not include? Will the contractor have any discretion regarding what is a reasonable cost for education services related to what is necessary for successful reintegration?	This section should state: “the contractor shall be responsible for all educational costs associated with out of state placements.” Educational costs may include: school related class fees, lab fees, gym fees, sports and equipment fees, etc.
136	5.4.2	On page 31 under 5.4.2 the RFP outlines a tiered monthly payment schedule for children placed out-of-home. Can you please tell us the current percentage of children who were removed during Family Preservation who stayed out-of-home 1 through 3 months, 4 through 9 months and 10 months or longer and the level of care in which they were placed?	Placement information distribution can be found in Chapter 5 of Portraits. Placement information in the .zip file content on the Department of Administration web site. This .zip file contains the most recent data information available at the time the RFP was issued.
137	5.4.2	If a child enters out of home care on the last day of the month, will the contractor be paid for the full month?	Yes, the full payment is paid for the month of referral.
138	5.4.2	In this section it states that family preservation youth that are eventually placed in out-of-home care, will be reimbursed for 100% of the base rate for months 1 through 3, 66% of the base rate for months 4 through 9 and 29% of the monthly base rate 10 months through permanency. Is there a specific rationale for arriving at these percentages? Please explain.	SRS reviewed historic costs and length of stay and devised a rationale to incentivize contractors to move children home as rapidly as possible.
139	5.4.2	It is very important for potential bidders to have historic information regarding the number of family preservation youth that have been going into the reintegration contract, information regarding the length of stays of these youth in the various levels of care and other demographic information regarding these youth such as their age. It appears that this information would be available to existing foster care contractors in each of the regions but not otherwise accessible to other potential bidders of this contract. Obviously, accurate information of this nature is essential if all potential bidders are going to be able to submit competitive bids. Is this essential historical information available to all potential family preservation bidders?	Consult the Department of Administration website referenced in Section 4.7.
140	5.4.2	Why is the payment schedule for Foster Care Services in the Family Preservation RFP different than the payment schedule for the same services in the Reintegration/Foster Care Services RFP? Should it not be the same schedule for the same service? *	The contractor has already provided services and received payment for Family Preservation services.

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#	RFP Section	Question	Response
141	5.4.3	Does this preclude families from being referred for family preservation services after the 12 month aftercare period if the foster home placement of a child is voluntary parental placement without custody given to SRS?	No, this would be a new Family Preservation referral.
142	5.4.3	Given the need to contain costs and limit liability, has further consideration been given to eliminating or scaling back the aftercare requirements of Section 5.4.3 of the Family Pres RFP and 5.2.3 of the Reintegration-Foster Care RFP?	The aftercare period when the goal is adoption has changed from 18 months to 12 months.
143	5.4.3	On page 31 under 5.4.3, the RFP describes the continuing responsibility of the contractor once a child achieves permanency. Please clarify when “the clock starts” for the 12 month follow up responsibility. For example, if a child in FPS enters out of home care at month 2 of service, spends three months in out-of-home care and is reintegrated in month 5 of FPS, are there 7 months of responsibility remaining or 12? If a child is reintegrated with the family but the State retains custody, does the clock start when custody is released or when the child returns home? When a child transitions from out-of-home care to an adoptive placement, does the clock start when the child moves into the adoptive home, or when the State transfers custody to the adoptive parents?	<ol style="list-style-type: none"> 1. The clock starts for the 12-month follow-up responsibility at the point of which a child achieves their case plan goal, i.e, reintegration, guardianship, adoption finalization, or OPPLA. 2. There will be 12 months of follow-up responsibility from the point at which the child is reintegrated. 3. The clock starts when the child returns home. 4. The clock starts when the state transfers custody to the foster parents (the adoption is finalized).
144	5.4.3	The terms “permanency through integration” and “alternate permanency” seem to be used interchangeably with “release of custody”. Does the contractor’s 12 month period of responsibility begin from the point of reintegration or the point that custody is released by the court? For example, if a child is reintegrated with their family in July but the court does not officially release custody until four months later, when does the 12-month period of contractual responsibility begin?	In this example, reintegration with family is when the 12 months aftercare begins.
145	6	How are the “full disclosure” standards contained in Section VI of both RFPs (especially Section 6.9.1 of the Family Pres RFP and 6.6.5 of the Reintegration-Foster Care RFP), intended to fit together with the confidentiality requirements in Section 3.12 and 4.13.4(j) of the RFP, and the requirements of HIPAA, K.S.A. 38-1506 and 38-1507?	HIPPA and the confidentiality requirements allow for the sharing of information in treatment and health care operations. The full disclosure practice described in the sections referenced enable all members of the treatment team including resource families to have the information required to effectively serve the family.
146	6	Interstate Compact – The current ICPC protocol is to submit a request for placement on behalf of the child. Which entity (Case Management Contractor or Adoption Contractor) is responsible for submitting the ICPC paperwork on behalf of the child?	If the Adoption Contractor is providing recruitment services for the child, it would be the responsibility of the Adoption Contractor, supported by the case managing entity and SRS, to complete the ICPC process. If the child has an identified resource, then the case managing entity would be responsible for the completion of the ICPC process.

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#	RFP Section	Question	Response
147	6	“Services to be Provided”: 1. Will the entire case record be made available to the adoption contractor or only assessment information? 2. What is the definition of “assessment information”? 3. What does, “make available” mean? A copy of the case file or access to the case record at the case managing entity office?	Yes, the Adoption Contractor will have access to all information in the child’s case file. “Assessment information” will be clarified in the PPM. The Case Managing entity will be required to provide a copy of all information needed for recruitment services and provide access to the child’s entire file. The Adoption Contractor and case management entity need to collaborate to ensure adequate information is exchanged.
148	6.1	The terms “Subcontractor” and “Affiliate” are used in the RFP—what are the definitions of these terms?	Subcontractor is an entity being paid by the contractor for the delivery of a specific service. Affiliate agreements exist between two contractors – such as sharing of foster homes.
149	6.1 & 6.12 A,B,C	These sections define case closure as “the case plan goal is achieved and the Secretary is relieved of custody”, however in the body and diagram shown in section 6.12, case closure seems to refer to something else. Please clarify this difference. Is it correct that the 12-month aftercare period begins at permanency (achievement of case plan goals, not necessarily release of custody)? In the current contract, case closure for the contractor then occurs at the end of the successful 12 month aftercare period. Is this a change to the contractor keeping the case open beyond the aftercare period if the court has not released the child from custody? If so, what would this look like and what is the expectation of the contractor?	It is correct that the 12-month aftercare period begins at the achievement of the case plan goal and not at release of custody. The contractor’s referral ends at the completion of aftercare cases when aftercare is required
150	6.1, 6.6.1 A, & 6.21 Outcome P-2 Item 18	Both the definition of Kin (page 35) and several references to it (section 6.6.1 A), indicate many people may be considered Kin without being related to the child. We agree that Kin can be excellent resources for children, especially those in out of home placement. However, Outcome P2, Item 18 refers only to relative placement. Is this supposed to be Kinship placement, meaning the definition of Kin, rather than only Kin who are related?	No. The intent of this outcome is to measure relative placement.
151	6.2 (A)	This statement indicates SRS is interested in proposals for each of six regional areas; however, other language in the RFP suggests there will be only five contract regions—which is correct? May a single bid be submitted for a statewide contract or must individual bids be submitted for all regions? If separate entities collaborate on a single bid for one or more regions, may those same entities bid individually for those same or other regions without the issue of collusion being raised?	SRS has six Management Regions, there are five Contractor regions. Refer to “County to Regions FY 2006” which is attached. Separate bids must be submitted for each region. There is no prohibition from entities collaborating on a single bid.

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#	RFP Section	Question	Response
152	6.2.A	Please explain in more detail what this means: i.e. are bidders to present proposals for the current contract areas (totaling 5) catchment areas or the new SRS regions (totaling 6)?	SRS has six Management Regions, there are five Contractor regions therefore the bidder should present proposals for any of the five contract regions. Refer to “County to Regions FY 2006” which is attached.
153	6.2 B	Contractor Catchment Areas – In which proposal, Technical or Cost, or both, should bidders describe how bidding on multiple regions and/or contracts will result in a more seamless system of care and will result in cost efficiencies, and improve outcomes for children and families?	The cost efficiencies would go into the cost proposal. Other benefits would be in the technical proposal.
154	6.2 (c)	Where are the addendums for the RFP located? (E.g. on the Shawnee County project)	All Addendums are available on the Department of Administrations website. Information on the Shawnee County project will be located in vendor file information. Reference 4.7 #6.
155	6.3.1 (F)	If a child is receiving Family Preservation services and a new abuse/neglect allegation is confirmed requiring an out-of-home placement, does the child remain with the Family Preservation Contractor, or is the child referred to the Foster Care Contractor if it is determined that Family Preservation Services are not sufficient to mitigate the threat of harm to the child?	Case management services will remain with the Family Preservation contractor.
156	6.3.1 (g)	What are the timelines for Family Preservation Services once a child goes from Family Preservation Services to reintegration services?	If this question deals with program requirements, if a child is removed from the home the foster care timelines begin.
157	6.3.1 (g)	Will there be a formal notification of change of payment with the Family Preservation contract when the child goes to out of home placement?	No there will not be a formal notification.
158	6.3.1 (g)	When a child is removed from the home and placed in SRS custody is there a specific timeline for the family preservation contractor? If so what is it?	If this question deals with program requirements, if a child is removed from the home the foster care timelines begin.
159	6.3.1 (g)	Follow-up question. Since there is no formal notification of change of payment with the family preservation contractor when a child goes to out-of-home placement, how will the State reconcile this with the contractor?	It will be reconciled on a monthly basis between the contractor and the SRS Regional Office.
160	6.3.1 L	Given the significant paradigm shift for SRS, the courts, communities and the contractors, what type of training will SRS be offering? Will this include the courts and other community stakeholders? What will the contractor’s role be in providing training and supporting this part of the process?	SRS will offer training through KISSED that will serve as the foundation for the practice framework outlined in the RFP. This training will be available to SRS staff, contractor staff and community stakeholders. Contractors will be encouraged to participate actively in KISSED as master trainers.
161	6.3.2	Are there caseload limitations for Family Preservation? If so, what are they and how will caseloads be blended when Family Preservation children move to Foster Care?	As part of responding to the RFP, we expect that you will define your recommendations for caseload size in order to achieve client goals and system outcomes.

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#	RFP Section	Question	Response
162	6.3.4	This paragraph implies that non-Medicaid providers will be able to provide any kind of service, is this correct? Does this also mean that the Medicaid mental health provider network will be expanded to include the contractors and other private providers?	Non-Medicaid providers would not be able to receive reimbursement by billing the medical card. Contractors will not be allowed to bill the medical card for mental health services
163	6.3.4	Will level V services be billable to the medical card?	Level V is a Medicaid funded service. The Level V facility is the mental health service provider while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
164	6.3.4 (B)	Who is an eligible Medicaid provider? Who determines eligibility? What is the process to gain eligibility? Since there are no Medicaid dollars in future contracts, can bidders assume there will be no overlap in payments and that Contractors, Subcontractors and Independent Contractors can bill Medicaid directly for the full cost of all eligible services? Will the system be revised to allow providers of Behavior Management services to determine need for services and provide accordingly in the same manner that community mental health centers now do? If not, how would the challenges to establish a model of equitable competition in support of the contracts be resolved?"	The Medicaid criteria for a provider is available on the Kansas Medical Assistance Program website: https://www.kmap-state-ks.us/ . Potential providers may also call the Provider Assistance Unit at (785) 274-5914. Medicaid enrolled providers who bill Medicaid for eligible services will be reimbursed at the Medicaid rate. Prior authorization is still required for behavior management services as noted in the Medicaid Provider Manual.
165	6.3.4 B	This section also indicates that no Medicaid funding is provided to contractors and that all Medicaid funded services, including mental health, can be billed to the medical card. Does this mean that all Medicaid children in the contract can access Medicaid funded mental health services from mental health centers and all other Medicaid eligible providers, including non-SED waiver youth who have a medical necessity for mental health services. Also, since Level V facilities are paid through Medicaid for youth in JJA custody, is Level V care a Medicaid funded service under these RFP's? Under what circumstances can Medicaid funded mental health services be accessed by youth under these contracts that are in Level V facilities?"	Yes, children served through the contract will have an open medical card that will allow for a Medicaid eligible provider to provide medically necessary mental health services and be reimbursed by Medicaid. Level V is the mental health service provided while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
166	6.5 A	On page 43 under 6.5 A, the RFP describes the SRS referral process to FPS. Does SRS anticipate changing the screens that currently qualify families for Family Preservation Services, either upon implementation of these contracts or during the following four to six years?	At this time SRS does not anticipate changing the criteria for referral.

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#	RFP Section	Question	Response
167	6.5 D.6	This section states “Kin and community connections have been explored by the referring entity.” What format will be used to provide this information to the contractor? In order to accomplish the goals of the initial team meeting within 24 hours of referral and completed assessments within 20 days of referral, it will be essential that this information is provided at the time of referral. Will there be any exceptions given to the expected timelines if this information is not provided by SRS at the time of referral?	No, exceptions will not be granted. The Family Based Assessment (FBA) will include this information whenever possible. The Contractors will have access to view information in KIDS at the time of referral.
168	6.6 (A)	What is the rationale for the discrepancy in requiring the Family Preservation team meetings to be held within 48 hours and the Foster Care team meetings within 24 hours? Since SRS workers will be attending team meetings, what arrangement will be made for their attendance at meetings that occur after hours, on weekends or on holidays?	The removal of a child from their home has greater impact on family and children. There is an immediate need for all parties to become acquainted and discuss the plans for the child. It is the expectation that SRS and the contractor work collaboratively to meet the needs of the family and child.
169	6.6 (D)	Who determines the need for hard goods for families and approves expenditures?	Contractor determines need, and after the \$500 has been exhausted, then the SRS worker can be contacted to determine if additional funds are needed on a case by case basis.
170	6.6 A	What age is appropriate for attendance at a case plan for the child?	Required at age 10 and older, other wise at the discretion of the case planning team.
171	6.6 D	How many families has SRS referred to the State’s current Family Preservation Contractor in each Region in each of the past four years, and how many of those children ended up in out of home placement within 12 months of that referral?	Performance information for contract outcomes is available in the vendor file information.
172	6.6 D	If the contractor exhausts the \$500 while the family is in family preservation services, and they later have a child removed from the home, will the contractor be responsible for another \$500?	The case managing entity is responsible for the first \$500 of hard goods per family for the life of the case which includes the completion of after care.
173	6.6.1 C & D, & 6.21 Outcome P-2, Item 18	Please clarify home community/same school expectation. A contractor could achieve one without the other i.e. in rural Kansas, a child could be placed in another community, yet continue in the same school. In urban Kansas, a child could be placed in the same community, yet attend another school if placed blocks from their home.	The primary issue is that children not have to change schools. If there is a choice between the two, continuity in school attendance is paramount.
174	6.7.1	Will SRS create a standardized comprehensive family centered assessment? If so when will it be done?	No. In this RFP we have started to define the required content of the assessment – we expect contractors to assist us in this process by defining the kinds of information that you compile during the assessment process. Once the content is identified, all contractors will be expected to gather the agreed upon assessment components during the assessment phase. Contractors will be allowed to create agency specific tools as long as the required content is included. Content identified by each bidder may be discussed as part of the negotiation process.

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#	RFP Section	Question	Response
175	6.7.1	Assessment – For clarification, the RFP states that “SRS intends to standardize the content of the assessment.” What information does SRS expect to see in the RFP response regarding the type and content of assessment tools?	In this RFP we have started to define the required content of the assessment – we expect contractors to assist us in this process by defining the kinds of information that you compile during the assessment process. Once the content is identified, all contractors will be expected to gather the agreed upon assessment components during the assessment phase. Contractors will be allowed to create agency specific tools as long as the required content is included. Content identified by each bidder may be discussed as part of the negotiation process.
176	6.7.1 A	The initial Team meeting for Family Preservation is 48 hours, for Reintegration, Foster Care it is 24 hours. For consistency could the initial team meeting for either contractor be the same at 48 hours? If not, please explain the reason for the difference.	No. The removal of a child from their home has greater impact on family and children. There is an immediate need for all parties to become acquainted and discuss the plans for the child. It is the expectation that SRS and the contractor work collaboratively to meet the needs of the family and child.
177	6.7.2 A.15	The contractor understands and supports the need to assess needed supports for kin and see this process as ongoing. This area seems to suggest that decisions are to be made prior to the initial case planning conference/family meeting. The contractor sees this as part of the initial case planning conference/family meeting and ongoing throughout the life of the case. Will this process be acceptable for meeting this expectation?	Ongoing assessment for kin is a continual process.
178	6.7.2 C	Are the weekly visits for all permanency goals or will there be different expectations for each goal? Will there be any exceptions as per the current SRS PPM?	Expectations would be different based on the permanency goal and will be clarified in the Policy & Procedure Manual.
179	6.7.3 (D)	If the medical card is being opened up, what is the rationale for requiring children to be referred for SED screenings? Will it be permissible to refer children to eligible Medicaid providers other than Community Mental Health Centers?	The SED Screening determines if a child need to be referred to the CMHC for an SED Determination. An SED Determination allows children to obtain specialized community based services that can only be billed by a CMHC. It is expected that youth experiencing SED be referred to and receive specialized services from the CMHC. If the youth is not determined to be SED, it is the contractor’s choice to refer to any Medicaid eligible mental health provider.
180	6.8.3 C	Ongoing Child/Family/Child Case Planning Conferences – If a case planning conference is held prior to the required 170 day expectation, does a new six month timeframe begin, or does another case plan need to be held at the original 170th day?	Case plans are required to be completed within 170 days of the previous plan.
181	6.8.7 B	Parental Custody Relinquishment – This section of the RFP does not identify that SRS must accept a parent’s relinquishment, as is the current process in the contracts. Will that no longer be required?	(6.8.8) This policy will continue and these children will be referred to the reintegration foster care contract.

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#	RFP Section	Question	Response
182	6.8.8 B	How are SRS/Contractor staff to respond to relinquishments initiated or completed (for example, by attorneys) where a goal of adoption is not already in place?	This response would be case specific, and SRS and the contractor would work together to review case plan goal.
183	6.8.9 A	How does “in accordance with the court’s expectations” effect the 10 day requirement in the SRS PPM? If the contractor meets the court’s expected deadline, will the contractor be considered in compliance with this requirement?	It is expected the contractor will comply at minimum with the 10 day requirement in the SRS PPM. The Policy and Procedure Manual will be changed to allow for different court expectations.
184	6.8.9 C	At the bottom of the chart on page 59 there is a box that states “Provide of SRS with proper reports by the 5th of each month”. What is this in reference to?	This diagram should state submission of encounter data and roster reports are due by the 10 th of the month.
185	6.8.9 C	Will the contractor continue to submit the Monthly Case Status Reports to SRS by the 10 th of each month for open cases?	The diagram should state submission of encounter data and roster reports are due by the 10 th of the month. The Monthly Case Status Reports will be discontinued with this RFP.
186	6.9.1 B	Best Practices in Child Placement – Are non-related kin included in the first priority placement? Does sibling placement together take priority over placement in home school area?	Yes, if the child has a connection with non-relative family this would be included in the definition of kin. Best practice dictates that sibling placement takes priority over placement within the same school.
187	6.9.1 (B.1)	What licensing standards must be met by kin families—licensed approved home or licensed foster home? For kin families requesting financial support, does the contractor have the authority to determine the amount of that payment? If not, who makes that determination?	All non related kin for youth under the age of 16 must be licensed as a foster home by KDHE. All related kin may be licensed or approved as meeting licensing standards by KDHE or approved by the contractor. Yes, the contractor has authority to determine payment.
188	6.9.1 B.1.b	The RFP states that “Contractors should encourage them (relatives) to be approved as meeting licensing standards through KDHE” in order to receive financial support. Does this mean that relatives do not have to be approved by KDHE in order to receive a relative payment?	No, relatives do not have to be approved by KDHE in order to receive a payment from the contractor.
189	6.9.2 (G)	Will the CFS PPM be revised to reflect new standards identified in the RFP? If KDHE regulations do not apply currently to Family Preservation services—may bidders assume those regulations will be revised to reflect standards identified in the RFP?	Yes, the PPM will be revised. SRS will collaborate with KDHE to address standards identified in the RFP.
190	6.9.2.C	Will SRS change the minimal standard requirement for visitation?	The RFP sets forth the minimum standards for visitation. In the RFP we’ve expanded the definition to include “interactions”. We will be revising the PPM to reflect changes in the RFP.
191	6.10.4 C & 6.21	Certain outcomes do not seem relevant if a youth’s permanency goal is OPPLA. What outcome exceptions (i.e. home county/same school) will be given for youth with OPPLA goals? (e.g., Outcome P2, Item 18)	Outcome exceptions will not be provided based on permanency goal alone, however the type of measurement may not apply to a child with OPPLA as a goal, i.e. adoption within 24 months would not apply to the OPPLA population.

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#	RFP Section	Question	Response
192	6.10.5 (c)	As the Family Preservation Services Contractor, does this also relieve the responsibility of aftercare and come as a new Family Preservations Services referral? Or is the Family Preservations Services contractor still responsible for 12 months of after care from the date of the original Family Preservation Services referral?	In these rare circumstances, the Family Preservation Services contractor is responsible for 12 months of after care from the date of the original Family Preservation Services referral. 6.10.5(c) applies to children who start case management services with the Reintegration/Foster Care contract. In this situation the Family Preservation Contractor would receive the balance of payments per section 5.3.1.
193	6.10.5 A & 6.11.1 E	By combining these two sections it appears that when the goal for a child is adoption, permanency is achieved when the adoption is finalized, not when a child is placed in an adoptive placement (signed APA). This would mean that the 12-month after care period would begin at finalization. Is this correct? The contractor understands the importance of all the steps toward finalization happening in a timely manner. It is also understood that finalization is sometimes delayed by the process of completing adoption subsidy agreements. Since this would also delay the beginning of the after care period, what safeguards will be put in place to assure the timely completion of adoption subsidy agreements? If timelines are not met will there be financial considerations given to the contractor?	Yes, twelve month after care period begins at finalization. We will collaborate to ensure timely permanency. No, there will not be financial considerations given if timelines are not met.
194	6.11	After R6.11.2, should scenario demonstration be “SD6.11” and not “R6.11”?	It should be SD 6.11
195	6.11 E	In this section it states that when a contractors 12 months after care responsibility ends, adoptive families can continue to receive an array of services that includes family preservation or family services...behavioral health services, including residential placement if medically necessary”. Does the medical card fund these services after the contractors' 12 month responsibility has ended?	Yes, if eligibility requirements are met, the Medical Card is open and continues to provide Medicaid eligible services.
196	6.11.1	Transition to Adoption Services/Roles – For clarification purposes, the child’s case manager (FP or FC contractor) remains responsible for the child/family case plan after the child has been referred to the Adoption Contractor, and the Adoption Contractor is a participant in that plan?	Yes, this statement is correct.
197	6.11.1 C	A - Transition to Adoption Services – The RFP states that the Adoption Contractor’s involvement will begin when there is the consideration of a child’s case plan goal changing to adoption, and the child has no identified resource. Please clarify if the intent is to have the Adoption Contractor begin working with the child’s case manager prior to an official referral, i.e. once PRT has occurred.	If the child has no identified resource it would be the expectation that the Adoption Contractor is contacted prior to referral and begins to work with the case manager as soon as possible.

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#	RFP Section	Question	Response
198	6.11.1 C	B - Transition to Adoption Services – If the answer is yes to the above question (A), we assume that the Adoption Contractor will begin active recruitment efforts to identify a family for a child. Assuming a family is found prior to PRT, does that then become an identified resource and the child is not referred to the Adoption Contract? If yes, should potential bidders include the costs of these “bridging” services into the proposal?	The referral to the adoption contractor occurs after PRT, case plan goal of adoption and no resources have been identified. It is up to the contractor to identify costs related to this proposal.
199	6.11.1 E	This paragraph begins by referencing the Adoption Contractor, but also references adoptive families in general. It appears the services referenced would be for all adoptive families, not just those provided by the Adoption Contractor. Is this correct?	This section is specifically referencing children for whom there is no identified resources that have been referred to the Adoption Contractor.
200	6.11.1 (E-F)	During the Adoption aftercare period, what is the distinction between roles of the Family Preservation/Foster Care and Adoption case managers in regard to responsibility for services to children and families?	There is only one case manager. The Family Preservation case manager maintains responsibility when the case is referred to adoption contractor for recruitment services. The adoption contractor provides services to the family and works in tandem with Family Preservation case manager.
201	6.11.1 F	Transition to Adoption Services – The language regarding aftercare is confusing in reference to disruption and dissolution. Do both the FC and AD contractors continue to be paid the negotiated rate through Adoption Placement Agreement, or through finalization? The current AD contract continues payment through finalization, however the contractor is no longer responsible for payments to the family, i.e. placement, child care, etc. Will that same methodology continue with the FC and AD contracts?	The case management entity for any child in out of home placement will be paid through finalization.
202	6.12	If a child is still in SRS custody living at home after 12 months has passed and the case plan goals have been achieved, does the case remain open? If so, who is then responsible for case management?	Yes, in this scenario SRS would become responsible for case management.
203	6.12	Does aftercare start over each time a child disrupts during the Aftercare period or is it a fixed 12 months?	If a child disrupts during the after care period it is the responsibility of the Contractor to mediate the issues and to help the child reunify with his/her family or find permanency with an adoptive family. After care begins again after the child moves to his/her permanent environment.
204	6.13 (B)	When will the referenced appendix be made available to bidders? Will regulatory, contractual, and/or licensing requirements be established to promote the engagement and commitment of representatives of the other systems of care referenced?	The last sentence of RFP, 6.13, (B), should be deleted. Currently there are no set standards for this. All agreements to be developed should include identifying information of all partners, such as: key contact staff, agency name, contact information, etc. Also included should be information relevant to continued coordination and collaboration, such as: communication processes, duties and agency/staff responsible and other pertinent information.

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
205	6.13.2	Since every subcontractor agreement is subject to completing negotiations, the contractor will send potential subcontractors a letter asking them if they are willing to be a subcontractor in the event the contractor receives a state contract. Without a clarification letter that this is not a firm contract, it puts the contractor in a position of guaranteeing a contract prior to negotiations. Timing does not allow the development and negotiations of all subcontracts. Will this approach meet the requirement of demonstrating our intent to work with other subcontractors?	It is acceptable to submit a letter of intent to subcontract.
206	6.13.2	Are “letters of commitment from anticipated sub-contractors or collaborators” and sample “Memorandum of Agreement” treated like job descriptions and excluded from the 50-page limit of the technical proposal and excluded from the 25-page limit of the appendix?	Letters of intent and/or Memorandum of Agreement are excluded from the 25-page limitation for Appendices.
207	6.15 & 6.16	What is SRS’s expectation of the Family Preservation or Reintegration Foster Care contractor to provide case management services when adoption resources are located out of the contractor’s catchment area? For example, can this service be subcontracted with another agency? Will there be financial considerations given if adoptive resources for children referred to the Adoption contractor are located outside of the contractor’s catchment area? What is the time frame from IRP to finalization? Will there be a financial penalty for the adoption contractor not meeting this goal and relief for the reintegration contractor?	Regardless of the adoption resource being located out of the contract’s catchment area case management services will be required by the case management entity. The goal of the RFP is to have one case manager throughout the life of the case. Timeframes would be case specific; however, contractors are expected to adhere to ASFA timelines. Depending on the circumstances, payments may be withheld for any instances enumerated in the RFP.
208	6.15 D	What is meant by “reserve right” to review brochures regarding foster care homes? What is the extent of SRS’s review process? As an independent contractor we assume you will be looking at the content to see if there is anything contrary to current state policy. Is this a correct assumption?	That is correct and to ensure that the message within the brochures is in keeping with the philosophical foundation laid out within this RFP.
209	6.15.1 (B,D,L)	Are these requirements exclusive to Contractors or will they be applied to all Child Placing Agencies?	Requirements in this RFP are applicable to SRS contractors and their subcontractors.
210	6.15.1 (E)	After 07/01/05, will homes providing care to children 16 and older be required to complete PS-MAPP? MAPP training is currently paid through the Children’s Alliance of Kansas—may bidders assume this payment structure will continue or should estimated costs be included in the bid?	Relatives and resource families for youth age 16 and older are encouraged but not required to complete PS-MAPP. A statewide contract for PS-MAPP training will be provided and paid for by SRS.
211	6.15.1 B	What adverse, consequential or deterrent actions, if any, does the State intend to take against any Contractor or other licensed child placing agency that “actively recruits existing homes” sponsored by another child placing agency despite this admonition in the RFP?	It is anticipated that the specifications in the RFP will become contract requirements. Violations of the contract requirements may be treated as breaches of the contract.

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
212	6.15.1 C	When can we expect to have a copy of the statewide recruitment plan?	The philosophy and the framework of the plan have been included in the RFP. Stakeholders will continue to formalize the details of the plan.
213	6.15.2 (C)	Is there a confirmed date when CLARIS will be made available to Contractors? Has KDHE confirmed that all agencies will have access to all families?	No date has been identified. KDHE will make decisions on who has access to their system.
214	6.17 & 6.18	On pages 75 through 77 under 6.17 and 6.18, the RFP describes Reporting Expectations and MIS Requirements. There are no response requests for these sections. Similarly, on pages 78 through 86 under 6.21, the contract outcomes are described, but no response requests are included. Please confirm that no response is required on these sections.	Technical proposal should include responses to “R” but is not limited to those responses.
215	6.17 (5)	Should this read 15 working days from end of responsibility of case managing entity or will the contractor send the original file after case closure and before their responsibility to the client is completed?	The original case record is to be returned to SRS within 15 working days of end of after care responsibilities.
216	6.17.11	How is “critical incident” defined? If critical incidents occur on Friday evenings, weekends and/or holidays, will SRS provide a contact person to ensure compliance with the 12-hour reporting standard?	Critical incidents are defined in the PPM. The Central Office Protection Report Center can be a resource as an SRS contact.
217	6.17.14	Is Item #14 applicable to this RFP?	Delete item #14. It is not applicable to this RFP.
218	6.18 B.2	What interface will SRS provide for entering data directly into FACTS?	Contractors will have access to FACTS and KIDS system through a VPN (virtual private network) connection. Technical detail is contained in Addendum “Connectivity and Network Considerations” which is attached.
219	6.18 B.3	The assumption is that all reports will be in MS Excel format and will be provided electronically to SRS. Is this correct?	Yes, financial reporting and program outcome indicator reports are submitted in MS Excel format.
220	6.18 B.4	A - If future evolution of the technology environment requires the purchase of additional technology resources, will additional funding be available or do these costs need to be included in the initial proposal?	Yes, costs should be included in the initial proposal. Based upon information provided by contractor and the state’s estimated impact on the contractors, SRS will, in good faith, consider renegotiation of the rates or a one time reimbursement to cover these costs.
221	6.18 B.4	B - If the answer to the question (A) above is “No”, is SRS willing to negotiate service level agreements which would place quantitative limits on the frequency and magnitude of system changes (total hours of effort, total dollars, etc.) which can then be included as an addition to the contract proposal?	Costs should be included in the initial proposal. Based upon information provided by contractor and the state’s estimated impact on the contractors, SRS will, in good faith, consider renegotiation of the rates or a one time reimbursement to cover these costs.
222	6.18 B.4	Does SRS have a timeline for when the MIS system changes will occur?	Access to SRS systems and implementation of the electronic dataset will be ready by June 1, 2005.

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
223	6.18 B.4	What methodology does SRS plan to employ in the defining, documentation, design, development and approval of needed system changes? What role will the vendor play in this process?	There are no system changes to production functionality of FACTS and KIDS. The change of business practice is that contractors will have access to view data in these systems, enter data into FACTS per 6.18 C.2, and receive an automated dataset of core client information. Vendors will be provided information on how to initiate the connectivity, training on navigating the systems, training on data entry of AFCARS provider information, and information on the start up dataset.
224	6.18 D.1-3	If future system improvements and technology innovations require the purchase of additional technology resources, will additional funding be available or do these costs need to be included in the initial proposal?	Yes, costs should be included in the initial proposal. Based upon information provided by contractor and the state's estimated impact on the contractors, SRS will, in good faith, consider renegotiation of the rates or a one time reimbursement to cover these costs.
225	6.18 D.1-3	Does SRS anticipate the number of times changes will be required and the level of effort associated with these changes?	An exact frequency of system reporting changes or functionality enhancements is not known; however, would likely be associated with semi annual policy changes or in response to federal guidance. The effort associated with these changes will be dependent on contractor technology and database structure.
226	6.21	Which outcomes are applicable to which contracts?	Outcome indicators are specific to population sets. Outcomes apply to all contractors who have responsibility for those populations.
227	6.21 (B)	What are specific examples of instances in which payments will be withheld?	Depending on the circumstances, payments may be withheld for any instances enumerated in the RFP.
228	Outcome P-1	What responsibility do contractors have in ensuring that courts schedule timely permanency hearings?	Contractors in partnership with SRS need to be working with the courts to encourage the timelines of court hearings. This is an advocacy position that might involve communications with attorneys, with guardians and with court representatives.
229	Outcome P-1; Goal 10	What is the definition of a contact with law enforcement? How will contacts with birth or resource families be collected and reported?	Contact with law enforcement means that the youth was arrested or otherwise interacts with law enforcement as a result of the child's misbehavior. SRS will develop a reporting format for law enforcement contacts with parents regarding the child and a reporting format for child arrests.
230	Outcome P-1; Goal 11	Since SRS approves permanency goals, should this outcome be applicable to Contractors or to SRS?	It is the partnership between SRS and the Contractors that will allow the state of Kansas to meet the goals of permanency, safety and well being.
231	Outcome P-1; Goal 12	The operational definition is somewhat confusing—can it be clarified?	The definition means of the total number of permanency hearings in a month, how many of those were held in a timely manner – (according to the ASFA timeframes).

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
232	Outcome P-1; Goal 12	What is the definition of an independent living placement?	It appears that this question is actually referring to Goal 17—an example of an independent living “placement” is a youth living in their own apartment (or sharing an apartment) but the case management entity is still involved providing some level of support.
233	Outcome P-1; Goal 14&15	How do these goals interrelate between Contractors?	It is the partnership between SRS and the Contractors that will allow the state of Kansas to meet the goals of permanency, safety and well being.
234	Outcome P-2 Goal 14	We agree that a positive adult role model is necessary for any child leaving the system. What definition is being used, or what characteristics should be specified, to describe a “positive adult role model?”	There is not one overriding definition. A positive adult role model for a child is someone who can establish a positive relationship with a child and effectively manages his financial, family and community obligations.
235	Outcome P-2 Goal 18	Does relative include non-kin for the purposes of this outcome?	No. The intent of this outcome is to measure relative placement.
236	Outcome P-2 Goal 19	Is the State no longer emphasizing siblings being placed together for the purposes of adoption? (This outcome only references out of home placement?)	This indicator applies to all children in out of home placement, including those with the goal of adoption.
237	Outcome P-2; Goal 18	What baseline data was used to determine the performance level of 75%?	Goals based on best practice were established through collaboration with stakeholders.
238	Outcome WB-1, Goal 20	Can you clarify how this outcome will serve as an indicator for involvement in case planning?	The thinking is that if families were actively involved in determining solutions to their problems, and if they participated in the evaluation of the efficacy of services received, that they would be better equipped to care for their children’s needs by accessing appropriate services and supports.
239	Outcome WB-1; Goals 20 & 21	How will the baseline be established for measurement of goal attainment?	The baseline will be established by reviewing data gathered for a six month period prior to contract finalization.
240	Outcome WB-1 Goal 21	This outcome suggests a subjective response by various groups. What is the definition of “stakeholder” as it pertains to this outcome?	Entities or individuals involved with the child welfare system in Kansas.
241	Outcome WB-2; Goal 23	How will the baseline be established for measurement of goal attainment? How will attendance records be accessed, aggregated and reported?	The baseline will be established by reviewing data gathered for a six month period prior to contract finalization. The question will be added to the case review regarding academic performance, a question added to the Client Satisfaction Survey, and a survey will be developed for stakeholder satisfaction.
242	Outcome WB-3 Goal 25	This outcome suggests that the contractor is responsible for ensuring that services provided by other organizations (i.e. CMHC, etc.) are medically necessary, reflect improvement in the child's functioning, and demonstrate collaborative working agreements. Is this the State's expectation, and what incentives have been given to these providers by the State to work collaboratively with contractors?	Yes, this is the expectation of the State. Insuring the medical necessity of a service is the responsibility of the contractor. There is no plan for financial incentives.

Family Preservation Services RFP #07480 – Vendor Questions

#	RFP Section	Question	Response
243	Outcome WB-3; Goal 25	Since Medicaid is excluded from contracts, how will Medicaid data be collected from non-contractor service providers (e.g. SED/CBS data as CMHCs are not required currently to submit data to Contractors)?	Medicaid data is collected in the MMIS system. Contractors will be able to work with their State of Kansas program manager for reports of aggregated data. Contractors are expected to work with their CMHCs and or other mental health providers to obtain information regarding services provided to individual children.
244	R6.8.1	Are “samples of assessment instruments” to be provided as part of the technical proposal or only shared during the scenario demonstration process? If they are to be part of the technical proposal are they treated like job descriptions and excluded from the 50-page limit of the technical proposal and excluded from the 25-page limit of the appendix?	In this RFP we have started to define the required content of the assessment – we expect contractors to assist us in this process by defining the kinds of information that you compile during the assessment process. Once the content is identified, all contractors will be expected to gather the agreed upon assessment components during the assessment phase. Contractors will be allowed to create agency specific tools as long as the required content is included. Content identified by each bidder may be discussed as part of the negotiation process. Samples of assessment instruments shall be included in the 25 page limit for Appendices.
245	R6.11	Should R6.11 be titled SD6.11?	Yes.

**Attachment: Connectivity and Network Considerations:
SRS RFP 07480, 07481, 07482**

A. General Requirements:

1. The successful bidder will be required to use the State's Computer System.
2. Each Contractor Site will require a connection to the KANWIN Network
3. The vendor is responsible for all costs associated with connecting to and remaining compatible with the State system including but not limited to vendor site setup and installation of vendor owned equipment.
4. The contractor is required to be able to communicate with state systems electronically including the ability to attach documents utilizing Novell GroupWise.
5. In the State's computer system, successful bidders will access FACTS (Family and Children Tracking System) to view and enter information, and access KIDS (Kansas Initiative for Decision Support) to view SRS safety and risk information.
6. The vendor must be familiar with Internet Protocol, Ethernet, local area network installation and wiring to IEEE specifications (Category 5E) or must obtain the services of someone who is able to deal with these issues.
7. The State will provide and maintain (at cost to the vendor) all equipment and interoffice communication circuits from the SRS mainframe to and including the on vendor site Router and Encryption device (see below).
8. The contractor is responsible for all equipment on their side of the router/VSU termination
9. Dial-up modems may not be connected to PCs which have access to the State Network.
10. The contractor understands that if the KANWIN circuit is used for internet access, SRS and DISC will monitor the usage on the circuit and they must conform to SRS acceptable use policies. Failure to do so may result in a disconnection of the circuit from KANWIN, and thus SRS.

B. Operational Steps to achieve connectivity

In order to establish KANWIN services for an SRS contractor, the following tasks are completed subsequent to contract award:

1. SRS draft a letter of sponsorship to Department of Administration Division of Information Systems and Computing (DISC)
2. SRS will notify DISC of a need for frame relay service
3. DISC will install Frame Relay Service
4. SRS staff will install VSU (virtual service unit)
5. Connection with vendor will be established
6. SRS and vendor will test connectivity

C. Vendor Responsibility

The information below is to assist the bidder in determining the costs necessary for bidding purposes. Costs may vary depending on the location, intercity mileages involved, type of equipment, personnel and other factors particular to the vendor. The bidder is solely responsible to make themselves fully aware of the costs of accessing and using this system(s). Each Contractor Site will require a connection to the KANWIN Network as outlined below.

1. Operating Systems

Windows 2000 Professional or better is required.

2. PC/Network Hardware/Software

A. PC Hardware and Software must be capable of installing and running the required SRS systems. It must also be capable of providing access security with user ID and password or better.

B. Contractors must maintain synchronization with SRS with regard to software applications and use of GroupWise for mail to SRS

C. Application Software currently used by SRS ¹:

WordPerfect 11.0

MS Word and Excel

Attachmate Extra Personal Client 7.1

GroupWise 6.5

NetWare 6.0 (if Req'd.)

McAfee Anti-Virus

NetWare Client for NT/2000 (If Required)

Fixed IP assignment - (State of Kansas Assigned)

3. Hardware Compatibility

Contractors must maintain hardware compatibility and software release synchronization with SRS. The Vendor is responsible to bear of cost of maintaining compatible equipment and synchronized software. The hub/switch and additional equipment beyond the encryption device including the UPS (Un-interruptible power supply) at the vendor site is the vendor's responsibility.

4. Network Connection -Contractor Client to SRS Systems or Contractor Systems

A. Frame Relay Connection to State Network via DISC (Division of Information Systems and Computing) -Speed Dependent upon number of users.

B. SRS/DISC will provide the Router (at Contractor Expense) and arrange for connection to Topeka Mainframe.

C. Contractor must provide suitable Ethernet hub/switch equipment

D. Supported Protocols on the Frame Relay -IP

E. IP Address series provided by DISC/SRS

F. Costs for the above are outlined below.

G. Vendor requirements for Office Automation functions must be provided by the vendor including a Server for such functions, if required.

5. Network Connection -SRS Main Frame -Contractor Main Frame:

A. If Vendor uses a local Mainframe computer, the network connection must be planned and coordinated with SRS/DISC.

¹ SRS maintains software and operating systems at the most current vendor recommended levels.

6. E-Mail Communications Options : SRS currently uses Novell GroupWise

- A. Either: Contractor must provide their own GroupWise Server with release 6.5 (or current release used by SRS) or use a GroupWise browser application connecting via IP to a GroupWise server located at an SRS location. These details must be approved and coordinated with SRS. This ensures that communications between the contractor and SRS are Secure; or,
- B. The contractor may utilize the SRS Secure email system gateway. The technical requirements for this system may be obtained by contacting SRS Infrastructure management (785-295-4694).
- C. Non secure e-mail via internet is unacceptable

7. Security:

- A. Top Secret (SRS Mainframe Security) access will be required -Arranged thru SRS Security (785)291-3520.
- B. Data Protection - SRS will provide and administer an encryption device to encrypt all IP traffic routed over the above referenced Circuit. Vendors may have alternate connections to the Internet, but if such is provided, they must install and administer a firewall to protect the State network from being accessed via the Internet. Anti-virus software must be provided and virus definitions must be kept current.
- C. Contractor is required to protect the SRS secure network from any external connection including the placement of a firewall.

Costing

A. Technical Requirements:

Vendor's must use the following information for technical requirements and costs for connecting to the SRS Mainframe and Data network for access to agency databases and web servers.

Protocol: TCP/IP

Mainframe Emulation: TN3270

LAN protocol: Ethernet

Customer supplies local area network hub/switch(s).

Category 5E cable connections to the encryption device and Router

Netscape 4.7

Internet Explorer 5.5 or Higher

B. Charges:

The following charges are provided as an estimate of the costs involved in providing KANWIN access per site via the Department of Administration. Please consult Division of Information Systems and Communications (DISC) PPM 2200.17 for the current Rates and charges:

Configuration 1: 128Kbs 7-23 devices

Service Category	One Time Cost	Monthly
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Frame Relay Circuit ²	510.00	**
Router	0.00	525.00
Administrative Surcharge (5%)	0.00	26.65
Total	510.00	**

Configuration 2: 384Kbs >23 devices

Service Category	One Time Cost	Monthly Cost
Frame Relay Circuit	510.00	**
Router	0.00	745.00
Administrative Surcharge (5%)	0.00	37.65
Total	510.00	**

- ☐ SRS recommends that at least a 384KB circuit be provided.
- ☐ Both configurations provide access to the KANWIN network, including Internet access.
- ☐ Installation lead time from date order is received by DISC: 60 days
- ☐ Inside wiring for the termination of the frame relay circuit to the router if necessary, is additional: costs to be determined at the time of installation.
- ☐ Higher speed frame-relay circuits are available, if needed. Please contact SRS Network for pricing.
- ☐ Terms are net 30 days, payable to Department of Administration, DISC.
- ☐ Order/configuration information or questions can be directed to:

Division of Information Systems and Computing (DISC)
Bureau of Customer Services
900 SW Jackson Rm 751
Topeka KS 66612-1275
Voice 785-296-4999
Fax 785-296-6729

² Frame Relay Circuit costs vary by location/local telephone company/distance from central hub locations. Contact DISC and or the local Telephone company for exact costs. Costs shown assume a 3 year contract for service. Penalties apply for early termination.

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Attachment: County to Regions FY2006

County	County Code	SRS Region	FY 2006 Contract Region
Butler	BU	South Central	Region 1
Chase	CS	South Central	Region 1
Chautauqua	CQ	South Central	Region 1
Coffey	CF	South Central	Region 1
Cowley	CL	South Central	Region 1
Greenwood	GW	South Central	Region 1
Lyon	LY	South Central	Region 1
Marion	MN	South Central	Region 1
Morris	MR	South Central	Region 1
Bourbon	BB	Southeast	Region 1
Cherokee	CK	Southeast	Region 1
Crawford	CR	Southeast	Region 1
Labette	LB	Southeast	Region 1
Linn	LN	Southeast	Region 1
Montgomery	MG	Southeast	Region 1
Neosho	NO	Southeast	Region 1
Wilson	WL	Southeast	Region 1
Woodson	WO	Southeast	Region 1
Elk	EK	South Central	Region 1
Allen	AL	Southeast	Region 1
Anderson	AN	Southeast	Region 1
Johnson	JO	Kansas City Metro	Region 2
Leavenworth	LV	Kansas City Metro	Region 2
Miami	MI	Kansas City Metro	Region 2
Wyandotte	WY	Kansas City Metro	Region 2
Douglas	DG	Kansas City Metro	Region 2
Franklin	FR	Kansas City Metro	Region 2
Atchison	AT	Northeast	Region 3
Clay	CY	Northeast	Region 3
Cloud	CD	Northeast	Region 3
Dickinson	DK	Northeast	Region 3
Doniphan	DP	Northeast	Region 3
Ellsworth	EW	Northeast	Region 3
Geary	GE	Northeast	Region 3
Jackson	JA	Northeast	Region 3
Jefferson	JF	Northeast	Region 3
Jewell	JW	Northeast	Region 3
Lincoln	LC	Northeast	Region 3
Marshall	MS	Northeast	Region 3
Mitchell	MC	Northeast	Region 3
Nemaha	NM	Northeast	Region 3
Osage	OS	Northeast	Region 3
Ottawa	OT	Northeast	Region 3
Pottawatomie	PT	Northeast	Region 3
Republic	RP	Northeast	Region 3
Riley	RL	Northeast	Region 3
Saline	SA	Northeast	Region 3
Shawnee	SN	Northeast	Region 3
Wabaunsee	WB	Northeast	Region 3
Washington	WS	Northeast	Region 3

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County	County Code	SRS Region	FY 2006 Contract Region
Brown	BR	Northeast	Region 3
Harvey	HV	South Central	Region 4
Kingman	KM	South Central	Region 4
Reno	RN	South Central	Region 4
Rice	RC	South Central	Region 4
Sumner	SU	South Central	Region 4
Barber	BA	West	Region 4
Comanche	CM	West	Region 4
Edwards	ED	West	Region 4
Finney	FI	West	Region 4
Ford	FO	West	Region 4
Grant	GT	West	Region 4
Gray	GY	West	Region 4
Greeley	GL	West	Region 4
Hamilton	HM	West	Region 4
Haskell	HS	West	Region 4
Hodgeman	HG	West	Region 4
Kearney	KE	West	Region 4
Kiowa	KW	West	Region 4
Lane	LE	West	Region 4
Meade	ME	West	Region 4
Morton	MT	West	Region 4
Ness	NS	West	Region 4
Pratt	PR	West	Region 4
Scott	SC	West	Region 4
Seward	SW	West	Region 4
Stafford	SF	West	Region 4
Stanton	ST	West	Region 4
Stevens	SV	West	Region 4
Wichita	WH	West	Region 4
Barton	BT	West	Region 4
Cheyenne	CN	West	Region 4
Decatur	DC	West	Region 4
Ellis	EL	West	Region 4
Gove	GO	West	Region 4
Graham	GH	West	Region 4
Logan	LG	West	Region 4
Norton	NT	West	Region 4
Osborne	OB	West	Region 4
Pawnee	PN	West	Region 4
Phillips	PL	West	Region 4
Rawlins	RA	West	Region 4
Rooks	RO	West	Region 4
Rush	RH	West	Region 4
Russell	RS	West	Region 4
Sheridan	SD	West	Region 4
Sherman	SH	West	Region 4
Smith	SM	West	Region 4
Thomas	TH	West	Region 4
Trego	TR	West	Region 4
Wallace	WA	West	Region 4
Harper	HP	South Central	Region 4

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County	County Code	SRS Region	FY 2006 Contract Region
Mcpherson	MP	South Central	Region 4
Clark	CA	West	Region 4
Sedgwick	SG	WICHITA	Region 5

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- 5.1.3 Provide assumptions regarding the monthly average number and percent of children during the five (5) years of the contract served in the following placements:

Placement	Number	Percentage	Average cost per child	Total per Month
Unpaid Relative Placements				
Paid Relative Placements				
Family Foster Homes				
Therapeutic Foster Care				
Level III Group Homes				
Level IV Group Homes				
Level V Residential Facilities				
Level VI Residential Facilities				
Children's Residential for children on the MR/DD waiver				
Private Psychiatric Hospitals				
State Hospitals-Mental Health				
State Hospitals-ICF/MR				
Inpatient Chemical Dependency Treatment (Adolescent)				
Emergency Shelters				

Family Preservation Services RFP #07480 – Vendor Questions
Encounter Code Expenditures
State Fiscal Year 2003

Sum of Encounters		CON_ID			
PC_CODE	Description	ADPT	FC	FP	Grand Total
90804	Individual Therapy		\$21,270.00		\$21,270.00
90806	Individual Therapy		\$455,652.00	\$10,110.00	\$465,762.00
90807	Individual Therapy		\$1,080.00		\$1,080.00
90808	Individual Therapy		\$1,575.00		\$1,575.00
90810	Individual Therapy		\$915.88		\$915.88
90812	Individual Therapy		\$360.00		\$360.00
90818	Individual Therapy		\$990.00		\$990.00
90822	Individual Therapy		\$360.00		\$360.00
90844	Individual Therapy		\$60.00		\$60.00
90847	Family Therapy		\$187,382.00	\$195.00	\$187,577.00
90853	Group Therapy		\$3,558.40	\$88.96	\$3,647.36
96100	Psychological Testing		\$48,142.50	\$997.50	\$49,140.00
99361	Interdiscipline Case Conf.		\$10,491.00		\$10,491.00
CF003	Emerg Shelter & Temp Care	\$667,551.60	\$3,383,725.83		\$4,051,277.43
CF004	Adol. Support & Mentorship	\$3,030.00	\$2,350.50	\$19,276.50	\$24,657.00
CF004.1	Adol. Support (Group)		\$4.00	\$1,127.50	\$1,131.50
CF008	Mediation Services		\$4,192.00		\$4,192.00
CF011	Family Support Services	\$1,800.00	\$1,508,700.00	\$400,854.00	\$1,911,354.00
CF015	Respite Care	\$29,655.28	\$90,043.62	\$1,633.00	\$121,331.90
CF020	Family Financial Asst.			\$210,854.64	\$210,854.64
CF023	Family Reunif. Assistance	\$4,103.00	\$75,302.03		\$79,405.03
CF025	Transport-Security Trsprt	\$31,147.68	\$11,114.67		\$42,262.35
CF027	Emerg Family Foster Care	\$37,686.48	\$324,294.36		\$361,980.84
CF034	Extra. Maintenance Expense	\$21,049.46	\$107,966.76		\$129,016.22
CF035	Foster Care-Family Home	\$1,011,615.28	\$7,833,222.54		\$8,844,837.82
CF036	Foster Care-Diversion	\$4,495,497.68	\$9,135,348.48		\$13,630,846.16
CF037	Group Care: Level III	\$59,878.31	\$30,452.60		\$90,330.91
CF038	Group Care: Level IV	\$1,294,667.79	\$1,155,030.89		\$2,449,698.68
CF040	FC: Mother and Child	\$4,330.86			\$4,330.86
CF042	Foster Care Child Care	\$190,834.93	\$1,347,168.44		\$1,538,003.37
CF044	Clothing Allowance	\$68,182.93	\$226,096.97		\$294,279.90
CF051	Non-Med Transport.,Non-Com	\$811.89	\$340,649.26		\$341,461.15
CF053	Res. FC-Maternity (Mother)	\$23,501.16	\$76,257.63		\$99,758.79
CF054.1	Case Supervision	\$3,742,467.05			\$3,742,467.05
CF054.2	Case Supervision		\$8,772,407.68		\$8,772,407.68
CF055	Foster Care-Satellite	\$5,318,001.54	\$5,185,550.43		\$10,503,551.97
CF063	Job Readiness Training	\$4,407.68	\$4,185.29		\$8,592.97
CF075	OOH: IL Financial Support	\$18,871.00	\$32,107.00		\$50,978.00
Y9117	Targeted Case Managemnt-MH		\$9,010.00		\$9,010.00
Y9119	Individual Comm. Support		\$107,108.00		\$107,108.00
Y9121	Family Counseling		\$618,550.40	\$289,567.20	\$908,117.60
Y9122	Group Counseling		\$15,092.62	\$2,153.80	\$17,246.42
Y9123	Individual Counseling		\$184,492.80	\$44,232.00	\$228,724.80
Y9124	Targeted Case Managemnt			\$2,035,162.08	\$2,035,162.08
Y9124.1	Targeted Case Managemnt	\$5,803,409.00			\$5,803,409.00
Y9124.2	Targeted Case Managemnt		\$13,273,798.90		\$13,273,798.90
Y9505	FC: Therapeutic	\$1,695,540.00	\$1,334,060.00		\$3,029,600.00

Family Preservation Services RFP #07480 – Vendor Questions

Sum of Encounters		CON_ID			
PC_CODE	Description	ADPT	FC	FP	Grand Total
Y9506	Res. FC-Level VI	\$3,859,590.00	\$5,532,660.00		\$9,392,250.00
Y9544	Attend. Care-MH		\$72.00		\$72.00
Y9565	Psychosocial Treat. Grp		\$3,948.00		\$3,948.00
Y9567	Obs/Stab Bed (Days 1-2)	\$92,000.00	\$33,750.00		\$125,750.00
Y9568	Obs/Stab Bed (Days 3-5)	\$49,250.00	\$126,750.00		\$176,000.00
Y9569	Pre-Admit BehavMod Assess	\$8,250.00	\$13,275.00		\$21,525.00
Y9571	Attend. Care-Contract Agency	\$57,012.00	\$38,637.60		\$95,649.60
Y9572	In-Home Family Treatment	\$1,360.00	\$465,672.00	\$1,476,568.00	\$1,943,600.00
Y9573	Res. FC-Level V	\$1,367,460.00	\$3,058,573.50		\$4,426,033.50
Y9584	Level V-High Risk	\$330,044.96	\$1,326,986.08		\$1,657,031.04
Grand Total		\$30,293,007.56	\$66,520,444.66	\$4,492,820.18	\$101,306,272.40